A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE OF MOTHERS REGARDING CARE OF CHILDREN WITH SEIZURE DISORDER IN VILANKURICHI, COIMBATORE

By

Reg. No: 301416101

A DISSERTATION SUBMITTED TO THE TAMIL NADU Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

OCTOBER 2016

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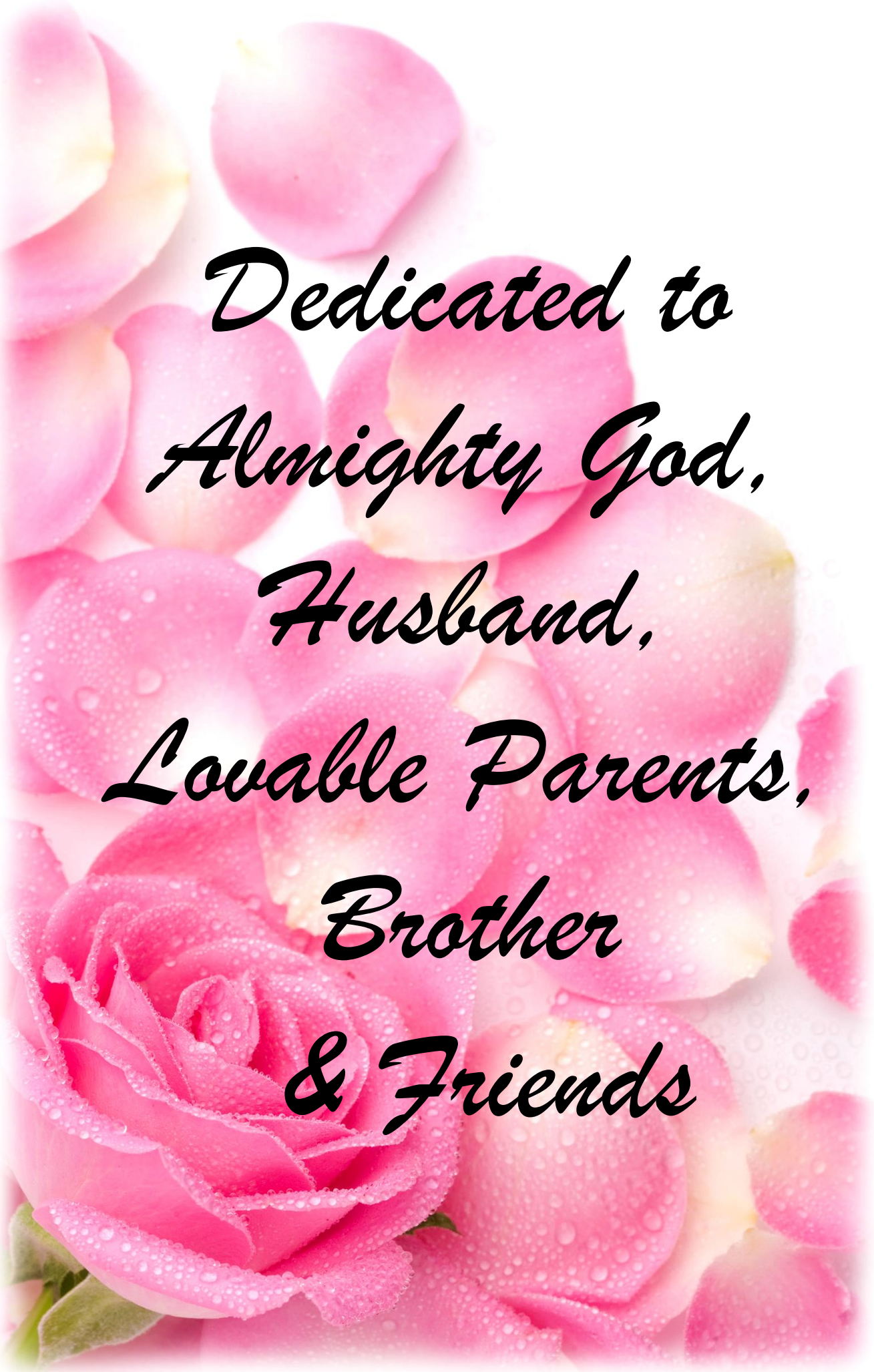
Dedicated to
Almighty God,
Husband,
Lovable Parents,
Brother
& Friends

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CHAPTER - I

Introduction

The greatest wealth is Health

- Virgil

Children comprise one third of our population and all of our future and their health is our foundation. The childhood period is also a vital period because many of the health problems will arise from this period and most of the studies reveal that many children are suffering from one or the other disease. Our responsibility is to maintain certain specific biological and psychological needs to ensure the survival and healthy development of the child, future adult and also to maintain optimum health of the children to enjoy their childhood. But unfortunately children are at risk of diseases, the reason may be many. One of such disease is seizure disorder which threatens life of the child.

Seizure disorder is a common neurological problem in children. Many seizures disorders have their origin in childhood. Nearly two-third of seizure disorder can be treated easily by them without the need for the specialist. In ancient times convulsions are considered as curse of evils. Today also people with seizure disorders are facing superstitions to this disease, this attitude can be changed once the scientific cause of this condition is defined and the public is aware through education (WHO 2012).

Seizures are caused by malfunctions of the brain’s electrical system that results from cortical neuronal discharge. The manifestations of seizures are determined by the site of origin and may include altered consciousness, involuntary

movements, changes in perception, behaviours, sensation and posture. A diagnosis of epilepsy is made when a person has three or more seizures. A seizure is behaviorally characterized by an abrupt unconscious change in behaviour, movement, autonomic function, or sensation (Dutta, 2009).

There are three types of epileptic seizures: partial seizures, generalized seizures, and unclassified seizures. Partial seizures are initiated in a cerebral hemisphere of the brain and are further classified based on whether or not consciousness is lost in the individual. A simple partial seizure involves no loss of consciousness but may involve motor symptoms, sensory symptoms, and autonomic or psychic symptoms. Complex partial seizures may begin as a simple partial seizure and progress to a complex partial seizure. Complex partial seizures involve a loss of consciousness and may involve some behavioral automatisms (unconscious repetitive motor actions). It is currently thought that simple partial seizures usually have unilateral hemispherical involvement, while complex partial seizures usually have bilateral hemispherical involvement (Hocken Berry and Willson, 2005).

A convulsion is the continuous rapid contraction and relaxation of muscles in the body. Convulsive seizures differ in length depending on the individual. Tonic-clonic seizures start with rigidity of the entire body and lead into generalized convulsions. Atonic seizures occur when the individual becomes unsteady or a static. These attacks are also referred to as ‘drop attacks’ because they may cause the individual to fall to the ground without warning. As a rule, myoclonic, tonic, clonic, tonic-clonic, and atonic seizures may last a few seconds to several minutes. On rare occasions, seizures may continue for hours or even days. This condition is called status epilepticus (Dutta. P, 2008).

Epilepsy management techniques include the use of deep brain stimulators and vagus nerve stimulators. Deep brain stimulators are implanted within the brain and send impulses to the cerebellum to increase seizure control by stimulating deep brain structures, while vagus nerve stimulators are implanted near the clavicle and send an electrical impulse to stimulate the vagus nerve in the neck (Hocken Berry and Wilson, 2005)

Another treatment option for epilepsy is surgical removal of the brain tissue where the seizures originate (i.e., temporal lobectomy) but this technique is not often used in children. Another possible preventive measure for epilepsy in children is avoidance of triggers for seizures. Many children with epilepsy have triggers for seizures such as foods, scents, or other environmental factors. If these triggers can be identified, seizures may be more easily controlled. When used in some combination, all of these treatment methods have shown effectiveness, however, there are few treatments that keep individuals entirely seizure free (Wongs, 2007).

Henry (2010) stated that Seizures are the most common pediatric neurologic disorder. Four per cent to ten per cent of children suffer at least one seizure in the first 16 years of life. The incidence is highest in children less than 3 years of age, with a decreasing frequency in older children.

Prevalence of seizure disorders in the countries are, in India it is 360/100,000,in Japan it is 89/1000 in children younger than 13 years, in Peru it is 2016/100,000 in children younger than 15 years and 10.1% is estimated to be life time prevalence of febrile convulsion in India. Iranian journal of public health says that in

a study the life time prevalence of febrile convulsion was 32/1000 population, approximately 60% of case reported febrile convulsion as the presumptive cause (National Survey, 2011).

A cross sectional study in Andhra Pradesh showed that the prevalence rate of epilepsy as 6.2/1000 population, where as in Kerala it is 4.9/1000population.School age children are most affected with a slight male preponderance. In America 300,000 people have a first convulsion each year and 120,000 of them are under the age of eighteen (Manikam K, 2011).

Seizures associated with fever occur in one in every 30-50 children, and those unassociated with fever occur in about 1/200 children. About 5% of children experience one or more seizures before they reach adulthood. Seizures activity often involves the diagnosis of potential for injury, both physical& psychosocial. A potential for injury can be minimized with first aid measures. Thus school teachers should possess skills in observational assessment and first aid.

There is a dramatic global disparity in the care of epilepsy between high and low income countries and in rural and urban setting. The burden of epilepsy in developing countries has become obvious as nearly 75% of people with epilepsy were residing in these countries, where the diagnostic and therapeutic facilities are poor. A large proportion of patients with epilepsy do not get treatment because medical facilities are not available or approachable to them. In many of the cases it was found that the people are unaware regarding the care of epilepsy (Subramaniyam, 2006).

WHO report suggested that even though the epileptic disorders are managed with the help of technology in present era people who are staying at rural and remote areas of developing countries are not accessible or approachable to them. People in the developing countries like India, Pakistan and Bangladesh believe that epilepsy is one of the diseases caused due to mistakes done in the past life. It is also concluded from various studies that, false belief have major implication regarding epilepsy in illiterate as well as in the minds of the people from these countries.

Two community based studies in India (both rural and urban) showed that the prevalence rate of epilepsy stands around 5/1000 population (at this rate present estimate of total epileptics in this country is about 5 million) and incidence rate varies from 38 to 49.3 per 100,000 population per year. Treatment gap, which is a measure of per cent of patient populations not receiving the treatment, was estimated to be up to 73.7% to 78% in India. In 2/3 of cases etiology was unknown. Hot water epilepsy is unique in South India and single solitary ring enhancing lesion in brain imaging is a common feature in Indian subcontinent (Dr. Bhattia, 2007)

The disease enrobed in superstition, discrimination, and stigma. There is a clear cut lack of information programmes in the developing world about seizure and its management. The seizure has an impact on many aspects of a child's development and functioning. As a result many of these children are at risk for unsuccessful school experiences, difficulties in social engagement with peers, inadequate social skills and poor self-esteem.

Discrimination against persons suffering from epilepsy is common. This is often due to sudden falls and convulsive episodes at unexpected times in public places

resulting in rejection. Sometimes, the social discrimination against these persons with epilepsy may be more devastating than the disease itself. Children with epilepsy may be rejected from their classes because of frequent seizures which makes their teachers and fellow students uncomfortable with their presence in class. Also, some children are not allowed in schools once the school authority become aware that the child has epilepsy (Child Welfare Report, 2011).

Many of the parents were not familiar with the initial procedures in attending a person during seizure. The initial procedures adopted by some parents were inappropriate, like to pulling the tongue or to putting objects in the child's mouth. Some of these wrong procedures, which are potentially harmful, are mainly related to mythical concepts. As the parents are always in touch with epileptic children, public enlightenment program on health issues especially recognition and management of epilepsy must be created in order to ensure that people have sufficient knowledge about this disease. This will helps to improve the quality of life of children with epilepsy.

Need for the Study

Epilepsy affects all age groups, but for children a variety of issues exists that can affect one’s childhood. Some epilepsy ends after childhood, some forms of epilepsy are associated only with conditions of childhood that cease once a child grows up. Approximately 70%of children who suffer epilepsy during their childhood eventually outgrow. There are also some seizures, such as febrile seizures, that have one-time occurrence during childhood and do not result in permanent epilepsy.

The worldwide prevalence of active epilepsy is between four and ten per thousand populations. Epidemiologic studies of epilepsy have done much to define the frequency of seizures and seizure disorders in the population and to provide a far more accurate understanding of prognosis. Although the majority of individuals with epilepsy do very well with respect to seizure control, they still face many challenges in everyday life. A recent meta-analysis of published and unpublished studies puts the overall prevalence rate of epilepsy in India as 5.59 per 1,000 populations, with no statistically different rates between men and women or urban and rural residence. Based on the total projected population of India in 2001 the estimated number of people with epilepsy is 5.5 million (Becker, 2009).

The article on advances in epilepsy states that the prevalence rate of epilepsy in countries of Asia was (4.4), Japan (1.7), Pakistan (4.7), Kashmir in India (2.4), Srilanka (9.0) and Guan (4.9) million. This prevalence rate indicates that prevalence of epilepsy in Asian countries is comparatively higher than the prevalence in the world (Journal of Pediatrics, 2012)

In India, there are 30 million people affected by epilepsy in 2004. About one in two hundred school children are affected with epilepsy, about one person in twenty has a seizure of some type during life, and in the population at large about one in 200 has epilepsy. Most of those who develop idiopathic epilepsy do so before the age of 20 years. The general systemic conditions in which seizures most commonly occur in children is due to hypoxia or high fever. As the understanding of its physical and social burden has increased, it has moved higher up in the world health agenda.

Seizure disorders are more common among children between 6 months of age and 15 years and in new-born period. It has been estimated that about 4 to 6% of all children will have fits during their lifetime and 90% of convulsive disorders have their onset in early life. One in 15 or 20 children admitted in hospitals give a history of convulsion (Daisy, 2012).

A population based cohort study was conducted to examine the effect of pregnancy and neonatal factors on the subsequent development of childhood epilepsy in Nova Scotia, Canada were followed up to December 2001. Data on pregnancy and neonatal events and on diagnosis of childhood epilepsy were obtained through record linkage of 2 population based databases; the Nova Scotia Atlee Perinatal Database and the Canadian Epilepsy Database and Registry. Factors analysed included events during the prenatal, labor and delivery, and neonatal time periods. Cox proportional hazards regression models were used to estimate relative risks at 95 per cent confidence interval. There were 648 new cases of epilepsy diagnosed among 124,207 live births, for an overall rate of 63 per 100,000 persons. Incidence rates were highest among children <1 year of age (Midhun Lal, 2011).

A home based survey was done on psychiatric disorders in 8 to12 year old children in Calicut District, Kerala, India. One thousand one hundred and ninety-two consecutive children underwent neurological and psychometric assessments. The projected number of children with a history of febrile seizures was 120 giving a lifetime incidence of (10.1%). Recurrent febrile seizures predominated and these were strongly associated with a history of perinatal adversity. Febrile seizures were

independently associated with indices of infective illness and mother's education. Epilepsy developed in (2.7%) of children with febrile seizures (Bahadhoor, 2011).

Many parents still have a negative attitude about epilepsy. Some of them feel it is contagious. Hence during the episodes of seizures the children are not given any assistance or care. The availability of antiepileptic drugs and the prolonged medical care needed by children with epilepsy justify the careful planning of a social program or this public health problem.

It is also found that society's misconceptions have a major impact on peoples view towards epilepsy and its management in rural areas in various parts of the country. Parental fear of convulsion is the major problem with serious negative consequences in their daily life. In early times people believed epilepsy as a divine origin and were called the sacred disease because someone with epilepsy was thought to be "seized". Majority of mothers have false belief about epilepsy and they have different knowledge, attitude and practices especially in low socio-economic families. Global campaign against epilepsy in Senegal, Zimbabwe and Argentina showed that the training and education programmes of parents of children suffering with epilepsy effective and disseminating the knowledge regarding epilepsy.

The parents should involve themselves in matters concerning their Childs seizure disorder. It is important to involve the siblings of the epileptic child helps to develop better understanding of condition as they may have all kinds of fears and misinformation about the disease. In many families, the mother tends to come closer to the situation. Often, she is the parent who visits the doctor, or meets the teacher or

talks to other parents at the local level. As she learns more about the epilepsy, it becomes much easier to adjust with the idea of having a child with seizure disorder.

Epileptic children express anxiety and embarrassment and see themselves as being different and inferior. A thorough evaluation of the patient's attitude and expectations concerning health maintenance is essential. The attitude and expectations of family members should also be evaluated since their understanding and support is crucial to the patient's ability to adjust to his condition. It is important for the nurse to be aware of potential prejudices which may be encountered by the client and his family.

During the clinical posting the investigator noticed that during the year of 2015 there were 184 admissions of children with seizure disorders, 253 cases of febrile seizures and 63 cases of convulsions of new-born. The mothers of children were anxious about the disease condition and also they had many doubts regarding the etiology, risk factors and both medical and home management of children with seizure disorder. It is very important to adhere with therapeutic regimen and the care giver should reinforce to avoid skipping of antiepileptic drugs. It is also important to give attention to the emotional aspect of the child. So it is found that a structured Teaching Programme will be a guide for mothers regarding management of seizure disorder at home.

Statement of the Problem

A study to assess the Effectiveness of structured teaching programme on knowledge and practice of mothers regarding care of children with seizure disorder in Vilankurichi, Coimbatore.

Objectives of the Study

- To assess the knowledge and practice of mothers regarding care of children with seizure disorder.
- To deliver structured teaching programme on knowledge and practice regarding care of children with seizure disorder.
- To evaluate the effectiveness of structured Teaching programme on Knowledge and Practice of mothers regarding care of children with seizure disorder.
- To find out the correlation between knowledge and practice of mothers regarding care of children with seizure disorder.
- To find out the association between knowledge and practice of mothers regarding care of seizure disorder children with selected demographic variables.

Hypothesis

H1 : There is a significant difference in the knowledge and practice of mothers regarding care of children with seizure disorder in pre-test and post test score.

Operational Definitions

Assess

It refers to examine the knowledge and practice of mother regarding care of children with seizure disorder.

Effectiveness

It refers to the desired change in knowledge and practice of mothers regarding Care of children with seizure disorder after structured teaching programme.

Structured Teaching Programme

It refers to the written and verbal instructions systematically developed and designed for a selected group of mothers in Vilankurichi to provide information on care of children with seizure disorder.

Knowledge

It refers to the state of awareness of mothers regarding prevention, compliance with therapeutic regimen, and management of children with seizure disorder as measured by a structured knowledge test.

Practice

It refers to the activities reported by mothers of children with seizure disorder in relation to prevention, compliance with therapeutic regimen, and management of child with seizure disorder as measured by rating scale.

Mothers

It refers to biological mothers of children under 12 years of age with seizure disorder in Vilankurichi.

Seizure Disorder

It refers to seizure disorder includes recurrence of generalized seizures, absence seizures, atopic seizures, simple and complex partial seizures.

Assumptions

- Mother may not have adequate knowledge on care of child with seizure disorder.
- Teaching programme will enhance knowledge of mothers with regard to care of child with seizure disorder.

CHAPTER - II

Review of Literature

Researchers conduct their studies within the context of an existing knowledge base. A literature review surveys scholarly articles, book and other sources relevant to a particular issue, area of research or theory, and by doing so, providing a description, summary and critical evaluation of these works. Literature review are designed to provide an overview of source which have explored which researching a particular topic and demonstrate to readers, how the research fits into larger field of study (Labaree, 2013)

The Review of Literature is Discussed Under the Following Headings

i. Literature related to prevalence of seizure disorder.
ii. Literature related to Mother's knowledge and practice on seizure disorder.
iii. Literature related to Effectiveness of teaching programme on knowledge of parents regarding seizure disorder.

Literature Related to Prevalence of Seizure Disorder

Guptha. H (2013) meta-analysis of previously published studies were done to estimate the prevalence of epilepsy in India. To determine patterns of epilepsy community based studies were included. The studies were assessed with regard to methods and definitions. The prevalence rates for rural and urban populations and for men and women were calculated with a 95 per cent confidence interval (CI). Twenty studies were found involving a sample population of 598,910, among them 3,207 had

epilepsy. The study concluded that Urban men and women had a higher prevalence of epilepsy compared with rural ones.

Gopinath. G (2012) conducted a study to determine the incidence rate of epilepsy in a rural community of West Bengal, India. The study was done through house to house survey by a dedicated team of neurologists, who carried out the survey cum case detection over 5 years. A total of 38 cases were detected during the survey period in a population of 20,966. This rate was higher than many developed countries, but lower than the developing countries. An increasing trend of incidence of epilepsy has been observed over the years during the period of the study.

Savitha. K, et.al, (2014) conducted a descriptive survey to assess the prevalence and pattern of epilepsy and to characterize and quantify knowledge, attitude, and practice toward epilepsy among the people of the state of Kerala. A door to door survey done by covering the entire population of 238,102 people residing in 43,681 households in a semi urban area of central Kerala. Through a three-phased survey, they ascertained 1,175 cases (616 males and 559 females) with active epilepsy, providing a crude point prevalence ratio of 4.9 cases per 1000 people and an age-adjusted prevalence ratio of 4.7 cases per 1,000 populations. The highest age specific prevalence rate of 6.5 per 1,000 occurred in the 10-19 years old age group. About 40 per cent of the respondents felt that individuals with epilepsy could not be properly educated or employed. Eleven per cent would object to their children having contact with epileptic children.

Margret. L (2014) conducted a cross sectional study to determine socio demographics, patterns of morbidity, and function of US children with reported

seizure disorder. Data collected from the National Survey of children's Health. Samples consisted of 977 children aged from birth to twelve years with seizure disorder. The results depicts that estimated lifetime prevalence of seizure disorder was 10.2/1000 and of current reported seizure disorder was 6.3/1000. Prevalence was higher in lower-income families and in older, male children. They had greater risk of limitation in ability to do things, repeating a school grade, poorer social competence and greater parent aggravation, and were at increased risk of having unmet medical and mental health needs.

Barrel. G. J (2013) conducted a cross sectional study to determine the frequency and distribution of epilepsy in under-five children living in a deprived community of rural and urban areas of poor municipality in southern Brazil. A probability sample of 487 children aged 5 were assessed. Three subsequent instruments of the screening questionnaire for epileptic seizures, Neurological Diagnostic Interview for Epilepsy and the Electro Encephalography for Epilepsy were used for data collection. The multivariate Poisson regression was used for analysing the data. The results of study indicated that diagnosis of Epileptic Seizures was confirmed in 22 children and prevalence of epilepsy was 45.2/1000. The study concludes that prevalence of seizure in this deprived population is extremely high and related to socio-economic conditions.

Lediya. B (2012) conducted a cross sectional study to assess the prevalence of epilepsy among school children Izmir, Turkey from a targeted population of 420054, a sample size of 4654 school children was studied. The crude prevalence rates for females, males and the total study population were found respectively to the 11.3,

11.1, and 11.2 per thousand. Prevalence of active epilepsy rates for females, males, and total study population were found 4.5, 7.0 and 5.6 per thousand. This study concluded that the prevalence of epilepsy is higher in school age children in Izmir province.

Khuraigam. R (2011) conducted a comparative study to analyse the relative frequencies of various epileptic seizures and to study the age of onset of different seizures types in Nepalese children at Katmandu, Nepal. A sample size of 50 children diagnosed as epilepsy excluding neonatal and febrile seizures was studied. The results revealed that generalized seizures (78%) were 3.54 times commoner than partial seizures (22%). In 40% of the cases the first seizure occurred when aged between 2-5years. In partial seizures, peak age of onset was observed below 6 years while, primary generalized seizures was most frequent in age group 2-10years.

Muttan. J (2010) conducted a prospective cohort study to investigate early predictors of refractory epilepsy. All 334 consecutive children less than 14 years with two or more unprovoked seizures 24 hour apart are included in the study. Results revealed that Mean age at diagnosis was 4.8 years. Mean follow-up period was 76.2 months. Risk of developing refractory epilepsy was 8% at 6 years. Study concluded that the risk of developing refractory epilepsy is very low in idiopathic syndromes.

Regina. M (2013) conducted a descriptive survey on the prevalence of epilepsy in school going children between the age group of six to eighteen years in Kashmir valley, India. The results revealed that rural and urban prevalence were 3.49/1000 and 2.96/1000 respectively. It included 55.1% males and 44.9% females.

Age-specific prevalence was found to be 6-10 years and 15-18 years. Higher prevalence was observed in children from government run educational institutions. Generalized tonic-clonic seizures (73.5%) were the commonest type of seizure observed.

Dona. M (2011) a meta-analysis of data obtained from 20 community-based prevalence studies on epilepsy in India derived a prevalence rate of 5.3 per 1,000 person years. The samples are collected by probability method. Through a three-phase survey (screening, diagnostic and confirmation phases), conducted in a semi urban area of southern India, this group obtained an age-adjusted prevalence rate of 4.7 per 1,000 person per years. On the basis of a prevalence rate of 5 per 1,000 person-years and an incidence rate of 50 per 100,000 person-years, it is estimated that at any given time, India, with its population of over one billion inhabitants, will have at least 5 million people with active epilepsy, to which nearly 500,000 people are added annually.

Literature Related to Mother's Knowledge and Practice on Seizure Disorder

Pooja. R (2012) conducted a prospective questionnaire-based study to evaluate the knowledge, attitude and practice of mothers of under-five children suffering with febrile convulsion at the Mofid children hospital. Sample consisted of 126 mothers of children with febrile convulsion. The study result shown that most common cause of concern among parents was the state of their child's health in the future, followed by the fear of reoccurrence, mental retardation, paralysis, physical disability and learning dysfunction. Awareness of preventive measures was higher in mothers with high educational level. Majority of mothers (76%) did not know anything about the

necessary measures in case of recurrence. This study concluded that parental fear of febrile convulsion is the major problem, with serious negative consequences affecting daily familial life.

Martin. C (2014) descriptive study was conducted to assess knowledge and attitude among parents of children with epilepsy in Ethiopia. Sample consisted of 300 parents of children with epilepsy. A structured knowledge questionnaire and attitude rating scale was used to collect data. The results showed that majority of parents (77%) had a positive attitude towards epilepsy and had complete seizure control after treatment. Delay in treatment and poor compliance due to false religious beliefs, ignorance and superstitious was observed in 33%. Eighty percentage (80%) cases felt that religion had helped them in coping with epilepsy.

Misbha. K (2012) conducted a cross sectional study to evaluate the concerns and home management of childhood convulsions among mothers in Tesbesun, Nigeria. Samples consisted of 500 mothers of children with convulsion. A structured questionnaire was used for interviewing the study subjects and the study period was 10 weeks. A result of the study showed that fear of death was the commonest concern (450, 90%) among mothers. Putting the hand and/or a spoon into the mouth of the convulsing child was the commonest unwholesome practice (74, 61.2%). None of the subjects safely put the convulsing child on his/her side. The study concluded that mothers concerns are precursors of mismanagement of childhood convulsions, and health education regarding seizure management is required for the mothers for effective management.

Zaker. A (2014) conducted a cross sectional study to evaluate knowledge, perceptions, and attitudes of families toward epilepsy and then to correlate knowledge with quality of life and stigmatization of children with epilepsy. Specific questionnaires were administered to children aged 8 to 17 with epilepsy and their parents. Poor school performance, less social support, less self-esteem, higher anxiety, greater stigmatization, and more depressive symptoms were documented in children who were less knowledgeable. Parents were found to be more knowledgeable about the antiepileptic drugs used, understanding both the effects and the side effects of the medications. Knowledge about epilepsy is associated with less perceived stigmatization and social isolation, as well as fewer depressive symptoms and misperceptions.

Misle. K. et.al., (2012) anthropological study was conducted to analyse current parental perceptions of seizures in order to improve the quality of management, care, and explanations provided to families at paediatric emergency unit. Investigators analysed 28 interviews of 37 parents whose child was admitted to the paediatric emergency unit due to a first seizure. The parental experience of the crisis was marked by upsetting memories of a "scary"-looking body and the perception of imminent death. The meaning attributed by parents to the word "seizure" and "epilepsy" usually referred to an exact clinical description of the phenomenon, but many admitted being unfamiliar with the term or at least its origin. Understanding and integrating these parental interpretations seems essential to improving care for families who first experience this symptom.

Kepler (2011) conducted a prospective cross – sectional study on parent’s knowledge and attitude towards children with epilepsy, and to identify contributing

factors to negative attitudes conducted among parents attending the paediatric neurology clinics of king Abdul-Aziz university Hospital, Jeddah, Saudi Arabia. A structured 40-item questionnaire was designed to examine their demographics, knowledge, and attitudes. A total of 117 parents were interviewed, 57% were mothers. The level of knowledge among parents of epileptic children needs improvement. Many have significant misconceptions, negative attitudes, and poor parenting practices. Increased awareness and educational programme are needed to improve the quality of life of this family.

Ninan. N (2013) conducted a descriptive survey to assess the knowledge and practices regarding febrile convulsions among parents of children below 5 years admitted in the emergency service unit of Behcetz Children Hospital, Turkey. Sixty three parents whose children a febrile convulsion had for the first time included in first group and fifty nine parents whose children had recurrent febrile convulsions included in second group. The study concludes that there is an efficacy of parental first aid practices regarding epilepsy can improve the knowledge and practices of parents of children who is suffering from convulsive disorder.

Lalith. K (2011) conducted a prospective study which carried out in a tertiary hospital to evaluate the knowledge and attitudes of parents toward children with epilepsy. Questionnaires were administered to all the parents who attended the neurology clinic with their children diagnosed of epilepsy. Two hundred and eighty parents whose children suffered from epilepsy participated in the study. The investigator concluded that more than 90% of parents and caregivers know about epileptic seizures. There is a need to disseminate more information to the public about

its causes, clinical manifestation, approach to managing a convulsing child, and its outcome and periodic medical campaigns aimed at educating the public about epilepsy through the media could go a long way in reducing the morbidity and mortality associated with this disorder.

Mohith. P (2014) conducted a study to evaluate the efficacy of the modular educational program for children with epilepsy and their parent. This program was developed by an interdisciplinary project group to improve knowledge, coping, and treatment outcome, emotional and practical adaptation to the condition. A prospective, controlled, multi-centre, pre-post study design was used to examine the efficacy of the program in the treatment group compared to the control group. Parents of the treatment group showed significant enhancement in knowledge regarding epilepsy, attitude towards epilepsy, management of epileptic seizures and significant reduction of fear and restrictions of their child with epilepsy.

Literature Related to Effectiveness of Teaching Programme on Knowledge of Parents Regarding Seizure Disorder

Swetha. K (2011) conducted a study which entitled the effectiveness of informational booklet on cure and management of epileptic children was conducted in Karnataka. The objectives were to assess the knowledge of mothers of epileptic children using the structured knowledge questionnaire, to develop and validate a booklet on epilepsy care and home management for mothers of epileptic children. Population comprised of mothers of children with epilepsy, who were in the age group of 2 to 12 years. Non probability purposive sampling technique was utilised. Tools used for the study included, Background Information, Structured Knowledge

Questionnaire and an Opinionnaire. The study concludes that the information booklet on epilepsy care and home management and reinforced teaching was an effective strategy for enhancing the knowledge of the mothers of epileptic children regarding care and rehabilitation of their children.

Romen. L. P (2013) conducted a randomized, controlled trial in Santiago, Chile to test the impact of a child-centered, family-focused educational program for children aged 7-14 years with epilepsy and for their parents. The objectives of the program developed and pilot-tested in Los Angeles, California were to increase the children's knowledge, perceptions of competency, and skills related to dealing with seizures. All participants were pretested and then retested 5 months after completion of the educational intervention. The study concluded that Children in the experimental group without serious behavioural problems also reported significantly better behaviour after the intervention than the control children.

Wolens Moor (2014) conducted a pre experimental study to evaluate the usefulness of the Seizures and Epilepsy Education (SEE) program in improving quality of life, management of the seizure condition, and health care utilization in families having a child with family represented. Children attended if they were at least 12 years of age. Both parents and children reported improvement in quality of life relating to child mental health after attending the SEE program. Results suggest that attending the SEE program may be beneficial to families having a child with epilepsy. Hannef V B (2014) conducted a study to verify the effectiveness of the support group in the identification of family variables linked to epilepsy, Pre-test were applied to parents of 21 children with benign epilepsy of childhood recently diagnosed, from 5

to 15 years, who participated in the groups at HC/Unicamp. There was a presentation of an educational video, discussion and application of the post-test 1. After six months, the post-test 2 was applied. The study concluded that the demystification of beliefs supplied from the groups influenced the family positively, prevented behaviour alterations and guaranteed effective care in the attendance to the child with epilepsy.

Lovera. D (2011) conducted a cross sectional study to determine the knowledge, attitudes and practices of parents and guardians of children with epilepsy regarding the illness conducted in Paediatric Neurology Clinic at Kenyatta National Hospital revealed that more than 77% of the parents/guardians had some knowledge on the type of illness their children were suffering from, the features of a convulsion, the alerting features before convulsions, the type of antiepileptic drug treatment their children were receiving and the potential hazards to an epileptic child during a convulsion. Samples consisted of 116 parents and guardians and they were interviewed using a semi-structured questionnaire. Focused group discussions were also carried out on 42 other parents and guardians. The study concluded that higher level of formal education of the Parent/Guardian had a positive influence on their Knowledge and practice towards epilepsy.

Raghupathi. H (2015) conducted a pre experimental study in the Paediatric Neurological unit and the paediatric outpatient clinic to explore the effect of maternal practice on their epileptic children's quality of life. A convenient sample of 50 epileptic children of 8-12 years and their mothers were included in the study. Four tools were used to collect the required data. Structured interview sheet is used to

obtain the socio demographic characteristics, medical history of children and their families and mothers practice questionnaire sheet were used to assess mothers' practices regarding care of epileptic children. Seizure severity scale is used to assess severity of epileptic fits and Ped's quality of life inventory version 4.0 TM is used to assess children quality of life. Results of the study revealed that, the educational program showed significant improvement of mothers' practices and improved children quality of life. Correlation between quality of life of the epileptic children and mothers' practice score and seizure severity scores was statistical significant correlation between mothers 'practices score and quality of life of epileptic children immediately and three months after the program.

Magnil. L (2010) conducted a quasi-experimental study to assess the impact of health education on knowledge and home management of febrile convulsion amongst mothers in a rural community in North Western Nigeria. A one in three samples of fifty mothers that met the eligibility criteria where selected using systematic random sampling. Interviewer administered same structured questionnaire with close and open-ended questions to obtain data during pre and post-test. The study concluded that the use of effective educational intervention programmes and parental support groups will go a long way in reducing the incidence of febrile convulsions among children in our communities.

Mishel. P (2013) conducted a descriptive cross sectional community based study to assess the knowledge, attitude and practice among parents of Sudanese epileptic patients. Three hundred and thirteen samples were included in the study. The study result reveals that most of the respondents know the disease and had witnessed

an attack. Most of the respondents mentioned loss of consciousness as the major symptom. More than two thirds mentioned that it is not contagious. Most of the respondents claimed that it can be controlled, and two thirds preferred medical treatment. The study revealed that half of the respondents had shown favorable attitudes and practice. The study concluded that the level of knowledge, attitude and practice towards epilepsy needs community educational programmes to fill the gaps, and minimize the stigma.

Conceptual Framework

A framework is the overall conceptual underpinnings of a study. Every research study has a framework. A conceptual framework is a theoretical approach to the problems that is scientifically based and emphasizes the selection, arrangement and classification of its concepts.

The conceptual framework used in this study is based on health belief model. It is one of the most widely used models to explain why people do or do not take preventive health actions. The model was first developed in early 1950 by Hochbaum (1958), Becker, Rosens stock (1974,1977), later modified the model to include the influence of health motivation.

The Model Consist of Three Primary Components

i. Individual perceptions
ii. Modifying factors
iii. Factors affecting likelihood of initiating or engaging In action

i. Individual Perceptions

Perceived Susceptibility

An individual's estimated probability is encountering the specific health problem. In this study it is inadequate knowledge, poor management and preventive measures, susceptible for complication

Perceived Seriousness

The degree of concern on experiences created by the thought of disease or problem associated with a given health condition. In the present study perceived

seriousness referred to the willingness to take preventive measures, minimizing the episodes of seizure attacks and complication.

Perceived Threat

The combined impact of perceived susceptibility and perceived seriousness referred to the problem perceived by the mothers of children with seizure disorder. In the present study perceived threat refers to episodes of seizure attacks and complication arising out of poor management measures. To identify the perceived threat of mothers, assess their knowledge and practice through a pre-test instrument that is a knowledge assessment questionnaire and practice rating scale developed for the study.

ii. Modifying Factors

Include a variety of selective demographic socio-psychological and structural factors that predispose the above factors of the mother. In this study age of mother, type of family, educational status, occupation, source of health information sex of the child, age of the child and monthly family income are factors that contribute to trigger health action.

Cues to Action

Refers to strategies of activate readiness. Here it refers to Television, radio, friends,, Magazines and advice from others.

iii. The Likelihood of Action

It is positive difference between perceived benefits and perceived barriers. In this study perceived benefit is belief about effectiveness of recommended action such as adequate knowledge about seizure disorder, correct practice regarding care of children with seizure disorder. Perceived barriers include poor knowledge and practice of mothers regarding care of children with seizure disorder.

Likelihood of Taking Recommendations

In this study it is the development and administration of a structured teaching programme to mothers on care of children with seizure disorder**.**

Feed Back

It refers to monitoring and evaluating health promotion activity. In this study a post test is planned to assess the knowledge and practice of mothers regarding seizure disorder after administering structured teaching programme.

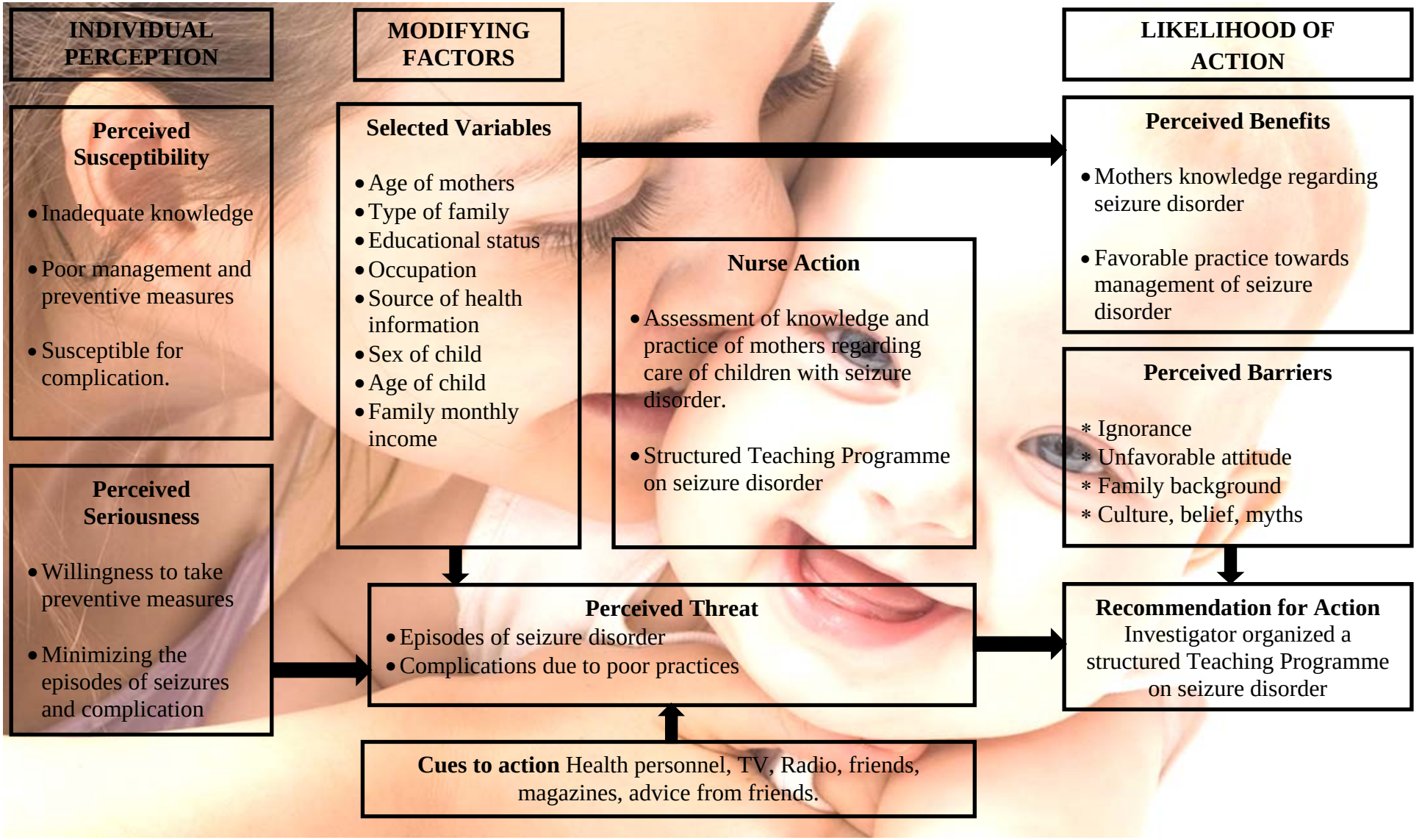

Figure. 1 Modified Conceptual Framework Based on Hochbaum, Beker and Rosenstock Health Belief Model (1950)

CHAPTER- III

Methodology

Methodology is the way to solve the problem systematically, that includes steps of procedure and strategies of the data. In this section the researcher discusses the research approach, research design, setting of the study, population, sample size, sampling technique, criteria for the selection of sample. Description of tool, content validity, reliability, data collection procedure and plan for data analysis.

Research Approach

Present study is to assess the effectiveness of a structured teaching programme on knowledge of mothers regarding care of children with seizure disorder. As the effectiveness is to be scientifically determined, a quantitative research approach is used for the study.

Research Design

The research design provides an overall plan for conducting the study. One group pre-test post-test experimental design. Q1 is pre-test assessment, Q2 is post-test assessment and X is intervention.

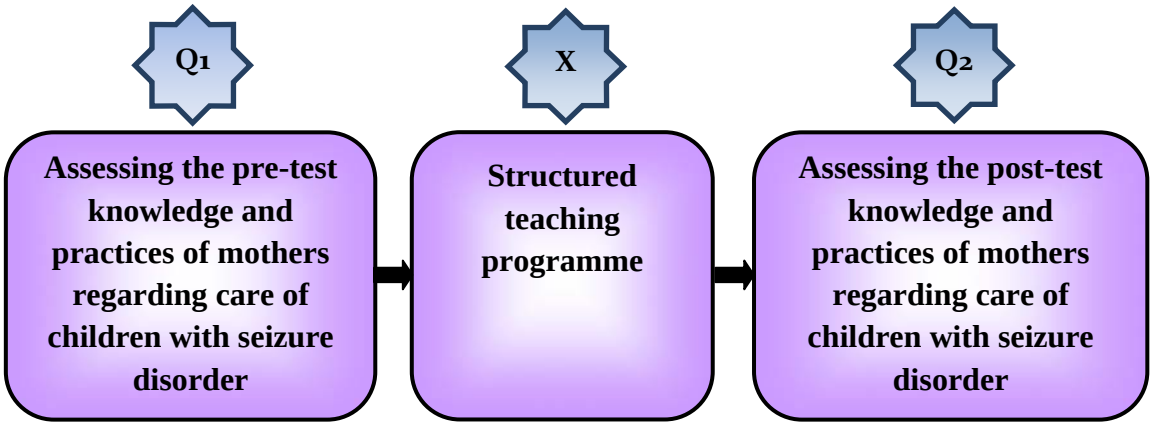

Figure. 2 The Schematic Representation of the Research Design

Setting of the Study

The study was conducted at Vilankurichi Village, Coimbatore, which is situated 5kms away from the college.

Variables

Independent variable was structured teaching programme on care of children with seizure disorder. The dependent variable was knowledge and practices of mothers regarding the care of children with seizure disorder. Influencing variables were demographic variables.

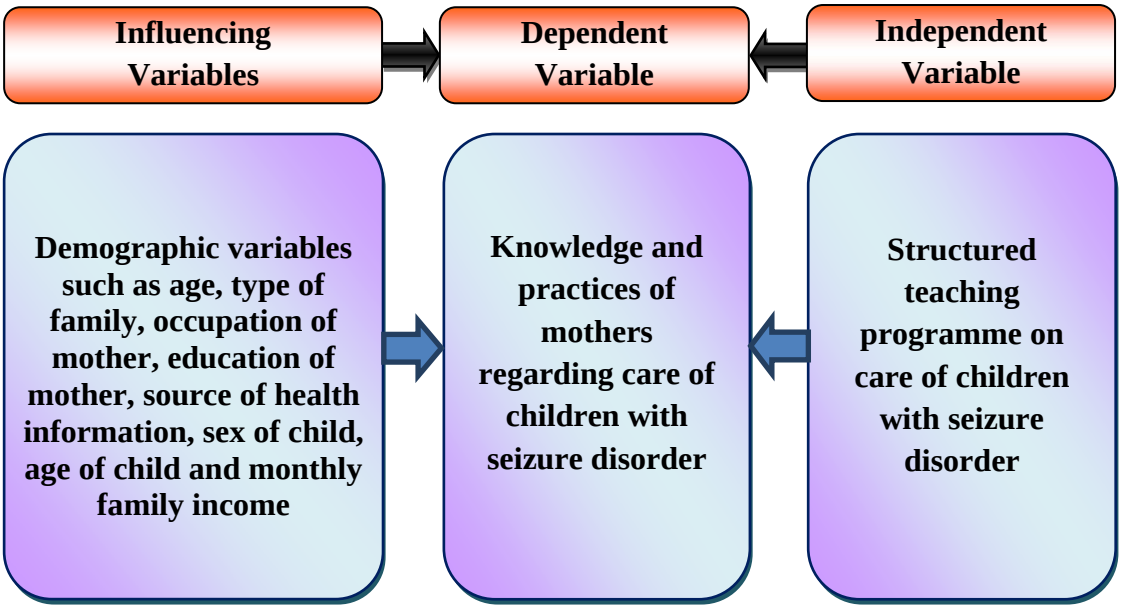

Figure. 3 The Schematic Representation of the Variables

Population

The population of the study includes mothers in Vilankurichi, Coimbatore.

Sample Size

The sample size included for the study consists of 50 mothers in Vilankurichi.

Sampling Technique

Non probability convenient sampling technique was used for selecting the samples.

Criteria for Selection of Samples

Inclusive Criteria

- Mothers at Vilankurichi, Coimbatore.
- Mothers of Children who are diagnosed to have seizure disorder with at least two previous episodes.
- Mothers who are willing to participate in the study.
- Mothers who are able to communicate freely in Tamil/English

Exclusive Criteria

- Children with other neurological disorders
- Mothers who are not willing or unable to participate in this study
- Mothers who are medical/nursing profession

Description of the Tool

The researcher has developed a structured questionnaire after reviewing the literature and considering the opinion of paediatric nursing experts, to assess the knowledge and practice regarding selected aspects on care of children with seizure disorder.

Selection - 1 Description of Demographic Variables

Structured questionnaire for the collection of details of the samples was prepared by the investigator. It composed of 8 items such as age, type of family,

occupation of mother, education of mother, source of health information, age of child, sex of child and family monthly income.

Section - 2 Knowledge Questionnaire

Structured knowledge questionnaire to assess the knowledge of mothers regarding care of children with seizure disorder consisted of 25 questions regarding seizure disorder, management during seizure attacks and antiepileptic drugs. Total score is 25. Each favorable response carries one mark and unfavorable response carries zero mark. Total score was categorized as Good (20 - 25), Average: (14 -19), Poor: (0 -13)

Section - 3 Practice Questionnaire

It consists of 20 statements to assess the practice of seizure care among mothers. Both positive and negative questions are formed based on observational check list.

Testing of the Tool

Content Validity

The tool was given to five experts in the field of pediatric nursing and medicine for content validity. All comments and suggestions given by the experts were duly considered and corrections were made after discussion with the research guide.

Reliability

The reliability of the tool was found by spearman brown split half technique showing for knowledge of r=+0.79 for practice +0.83 the reliability of the tool was satisfactory.

Pilot Study

In order to test the relevance and practicability of the study, the pilot study was conducted among 5 mothers at Vilankurichi. The knowledge and practices regarding care of children with seizure disorder were assessed with the prepared questionnaire. The structured teaching programme was given with the help of power point presentation. The result of the pilot study showed that inadequate knowledge and practices regarding care of seizure disorder in pre test and gain knowledge and good practice in post test.

Data Collection Procedure

After getting permission from the medical officer of Vilankurichi PHC, the researcher met the mothers. The purpose and duration of the study was explained to the mothers in rural areas and their informed oral consent was obtained. The study was carried out for a period of 4 weeks from 02.01.2016 to 31.01.2016. The sample was collected by non probability convenient sampling with reference to the selected criteria. The questionnaire was distributed to assess the knowledge and practices on care of children with seizure disorder after pre-test structured teaching programme was given through power point presentation. The teaching took about 40-45 minutes for group teaching. The mothers were encouraged to clarify their doubts, post test was conducted on the 14th day to assess the effectiveness of teaching in improving the

knowledge and practices regarding care of children with seizure disorder by using the same questionnaire.

Plan for Data analysis

The investigator adopted descriptive and inferential statistics to analyze the data. The demographic variables were analyzed by using frequency and percentage. The effectiveness of structured teaching programme and association between variables were analyzed by using ‘t’ test and χ^2 test respectively.

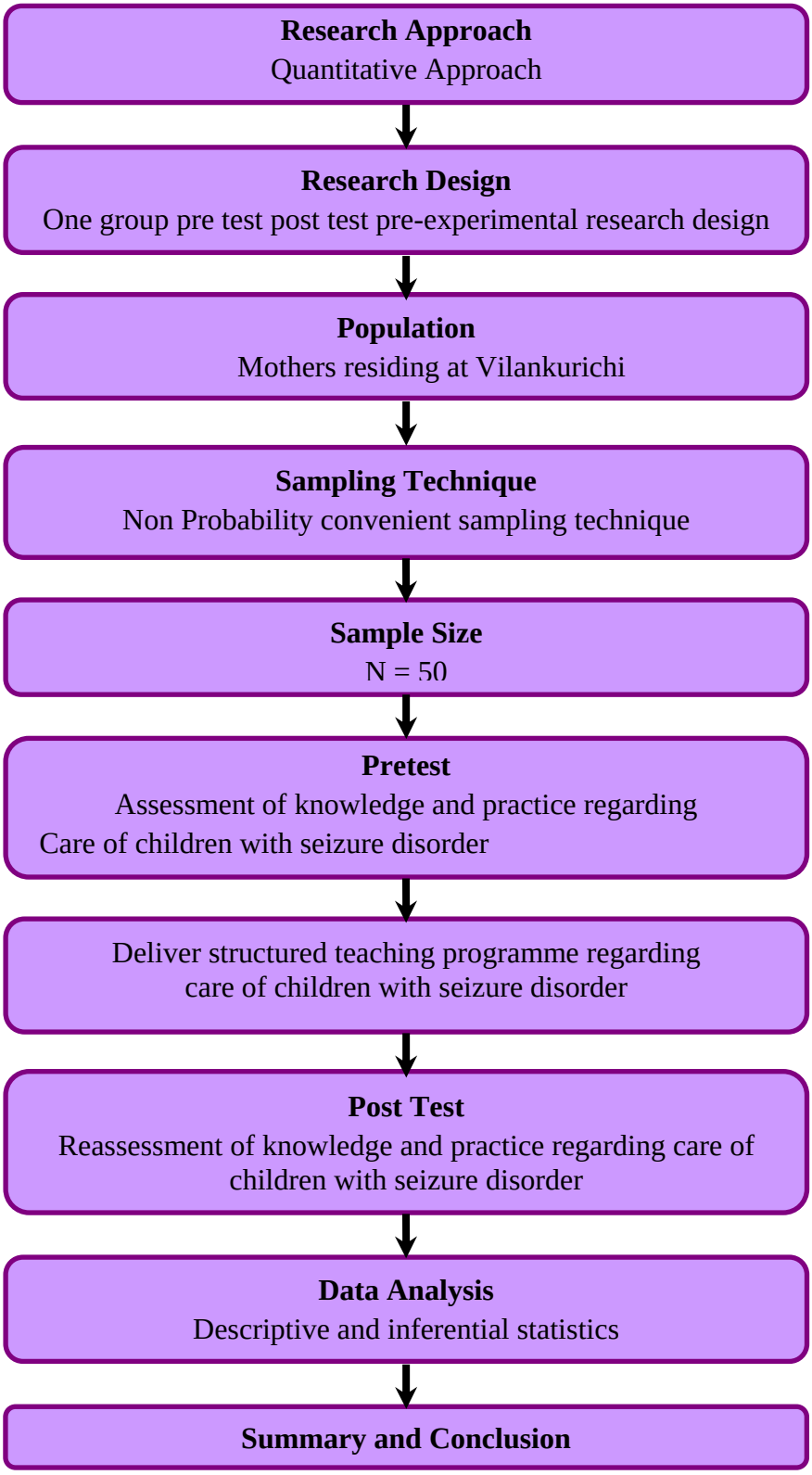

Figure. 4 The Overall View of Research Methodology

CHAPTER - IV

Data Analysis and Interpretation

This chapter deals with the analysis and interpretation of data, collected from 50 mothers, through structured questionnaire. The data collected are tabulated, analyse and interpreted by using descriptive and inferential statistics.

The Analysis and Interpretation of Data Were Presented Under 4 Sections

Section – I Distribution of demographic variables.

Section – II Description about the knowledge and practice of mothers regarding care of children with seizure disorder.

Section - III Distribution of correlation between knowledge and practice of mothers regarding care of children with seizure disorder.

Section - IV Association of selected demographic variables with level of knowledge and practice of mothers regarding care of children with seizure disorder.

SECTION - I

Table.1 Distribution of Demographic Variables of Mothers

(N = 50)

S. No.	Demographic Variable	Frequency (f)	Percentage (%)
1.	**Age of Mothers**		
	a) 18-24 Years	33	66%
	b) 25-31 Years	9	18%
	c) 32-38 Years	8	16%
2.	**Type of Family**		
	a) Nuclear family	30	60%
	b) Joint family	20	40%
3.	**Education of Mother**		
	a) Illiterate	8	16%
	b) School education	16	32%
	c) Degree	12	24%
	d) Post graduation	14	28%
4.	**Occupation of Mother**		
	a) Employed	23	46%
	b) Unemployed	27	54%

(Table 1 continues)

(Table 1 continued)

S. No.	Demographic Variable	Frequency (f)	Percentage (%)
5.	**Source of Health Information**		
	a) Health professional	24	48%
	b) Mass media	4	8%
	c) Friends	22	44%
6.	**Sex of Child**		
	a) Male	29	58%
	b) Female	21	42%
7.	**Age of Child**		
	a) Below 1 year	14	28%
	b) 1-3 years	22	44%
	c) 3-6 years	9	18%
	d) 6-12 years	5	10%
8.	**Family Monthly Income**		
	a) Less than ₹. 5000/- month	10	20%
	b) ₹ 5001/- to ₹.10000	16	32%
	c) ₹. 10001/- to ₹.15000/- month	19	38%
	d) More than ₹. 15000/- month	5	10%

Table.1 shows the Distribution of Demographic Variables of mothers with seizure disorder child.

- Regarding the age of mother 33(66%) were aged between 18 -24 years, 9 (18%) were aged between 25-31 years, 8 (16%) were aged between 32– 38.

- Regarding the type of family 30 (60%) were belongs to nuclear family, were 20 (40%) belongs to joint family.

- Regarding education 08 (16%) were illiterate, 16 (32%) had school education, 12 (24%) were graduates and 14 (28%) post graduates.

- Regarding the occupation of mother 23 (46%) were employed and 27 (54%) were unemployed

- With regards to the source of information 24 (48%) got information through health professionals, 4 (8%) through mass media and 22 (44%) through friends.

- With regards to sex of child 29 (58%) are male and 21 (42%) were female child.

- With regards to the age of child 14(28%) are less than 1 year, 22(44%) were between 1-3 years, 9 (18%) were between 3-6 years and 5(10%) were between 6-12 years.

- Considering the family monthly income 10 (20%) were earn under ₹. 5000, were 16 (32%) earn ₹. 5001- ₹. 10000, 19 (38%) earns ₹. 10001- ₹. 15000 and 5 (10%) earns more than ₹. 15000.

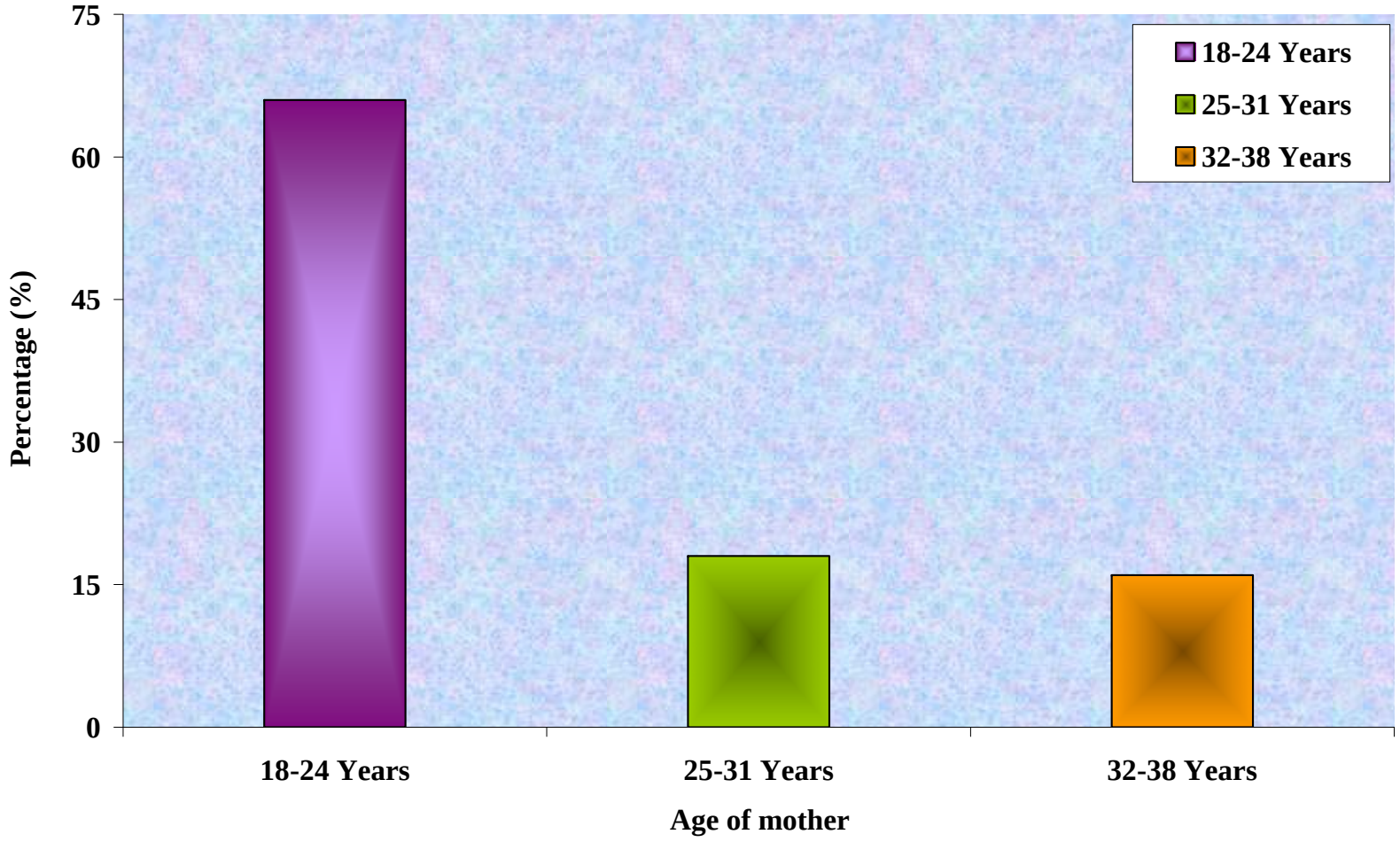

Figure. 5 Distribution of Demographic Variable According to the Age of Mother

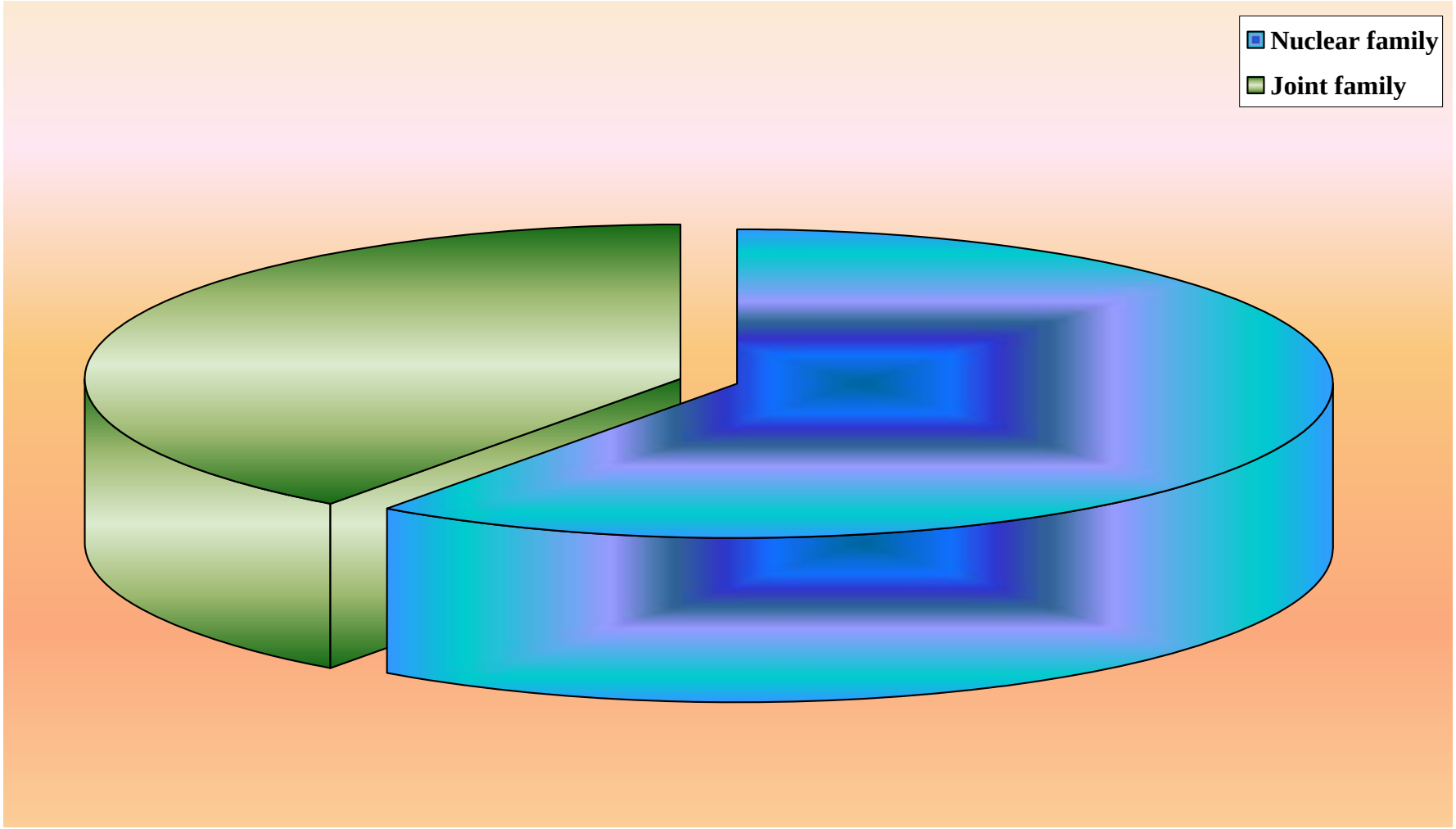

Figure. 6 Distribution of Demographic Variables According to the Type of Family

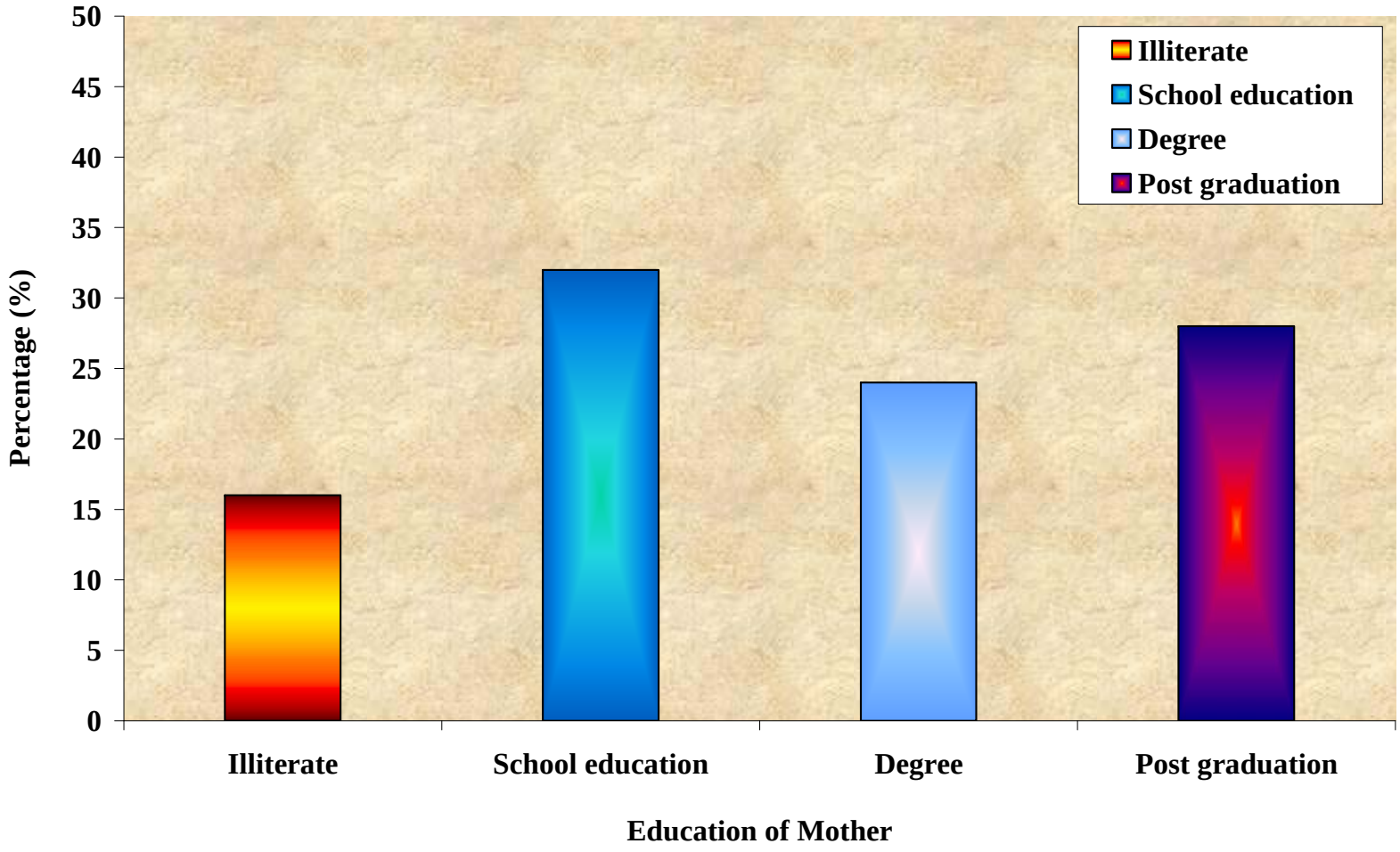

Figure. 7 Distribution of Demographic Variables According the Education Status of Mother

Figure. 8 Distribution of Demographic Variables According to the Occupation of Mother

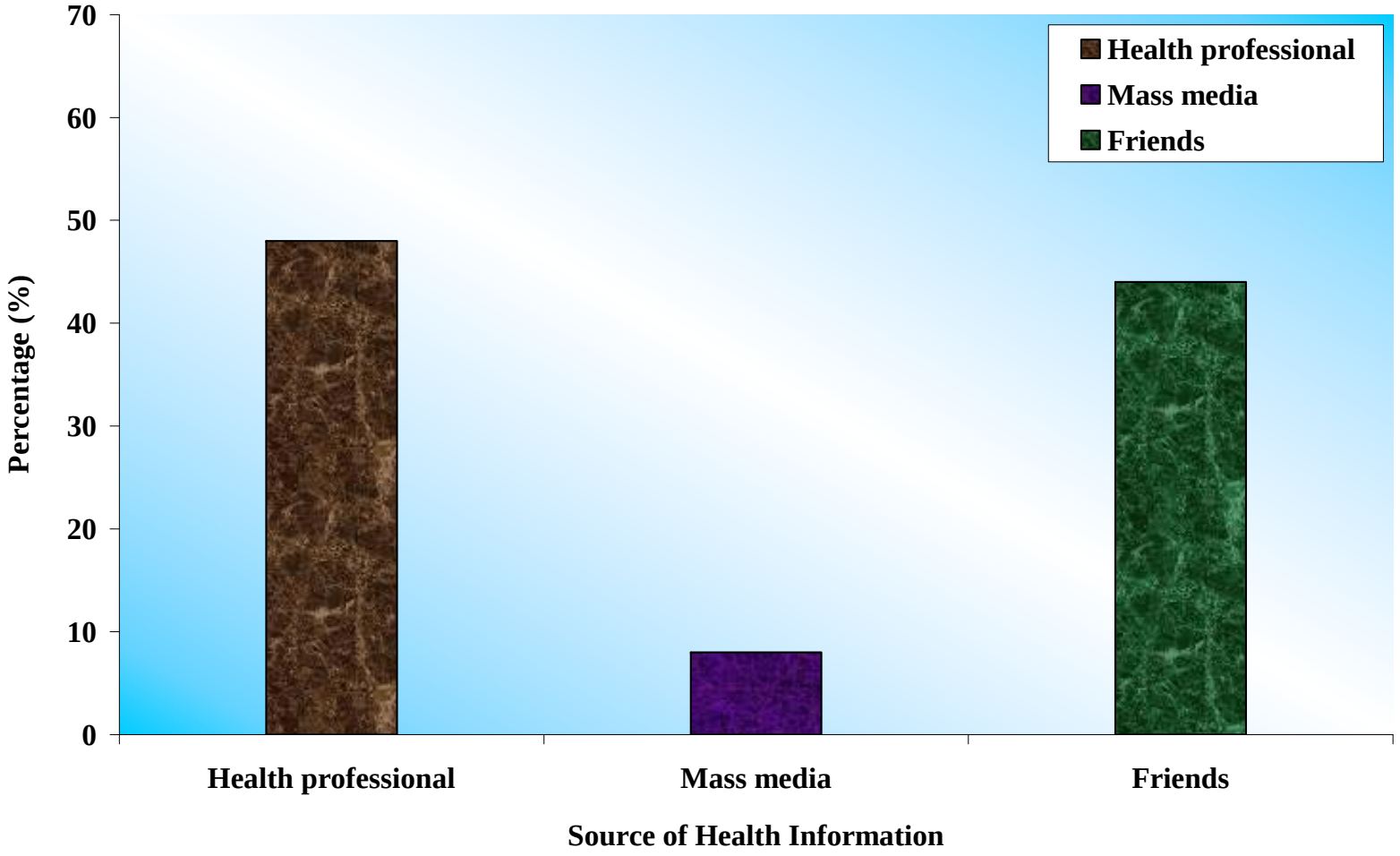

Figure. 9 Distribution of Demographic Variables According to the Source of Health Information

Figure. 10 Distribution of Demographic Variables According to the Sex of Child

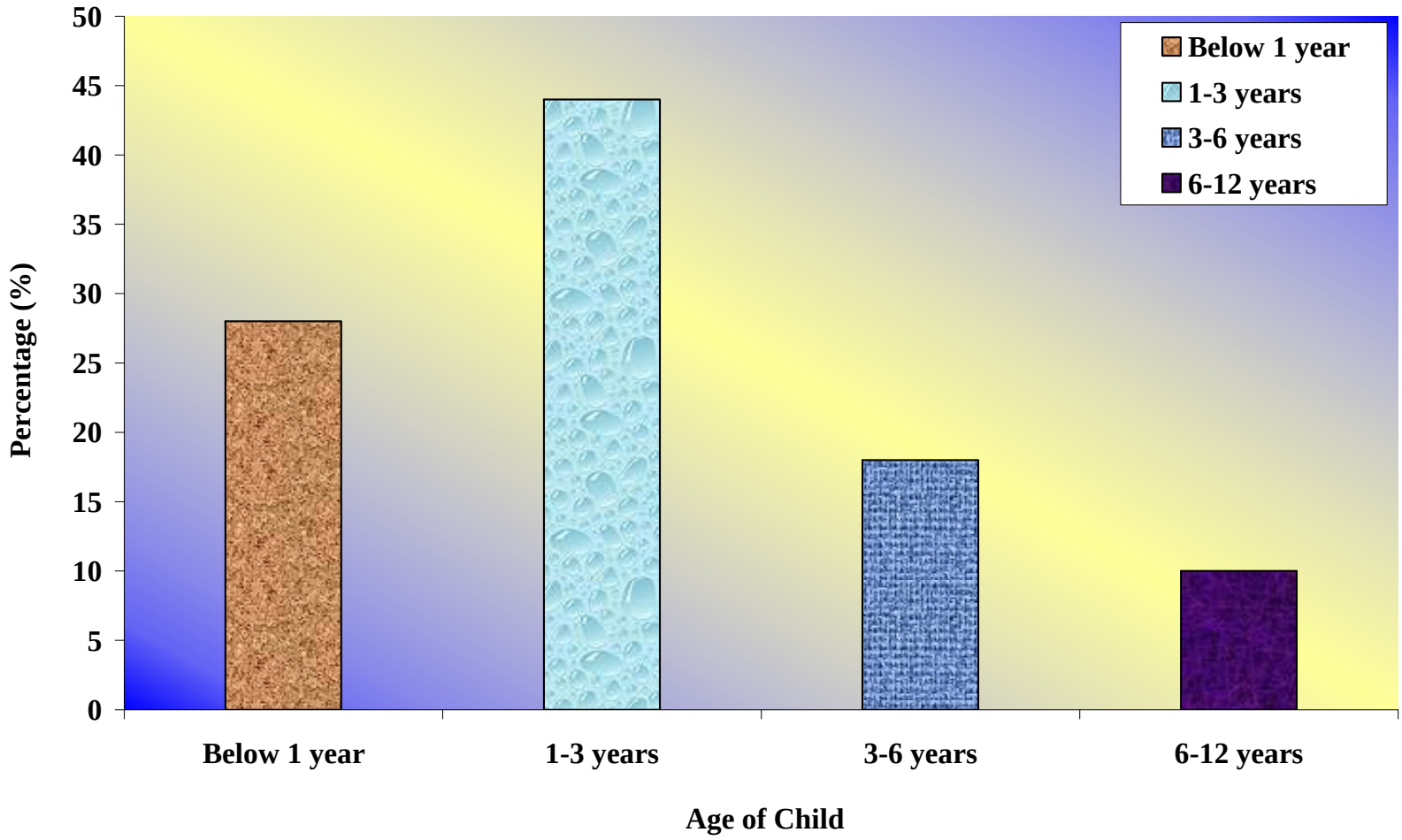

Figure. 11 Distribution of Demographic Variables According to the Age of Child

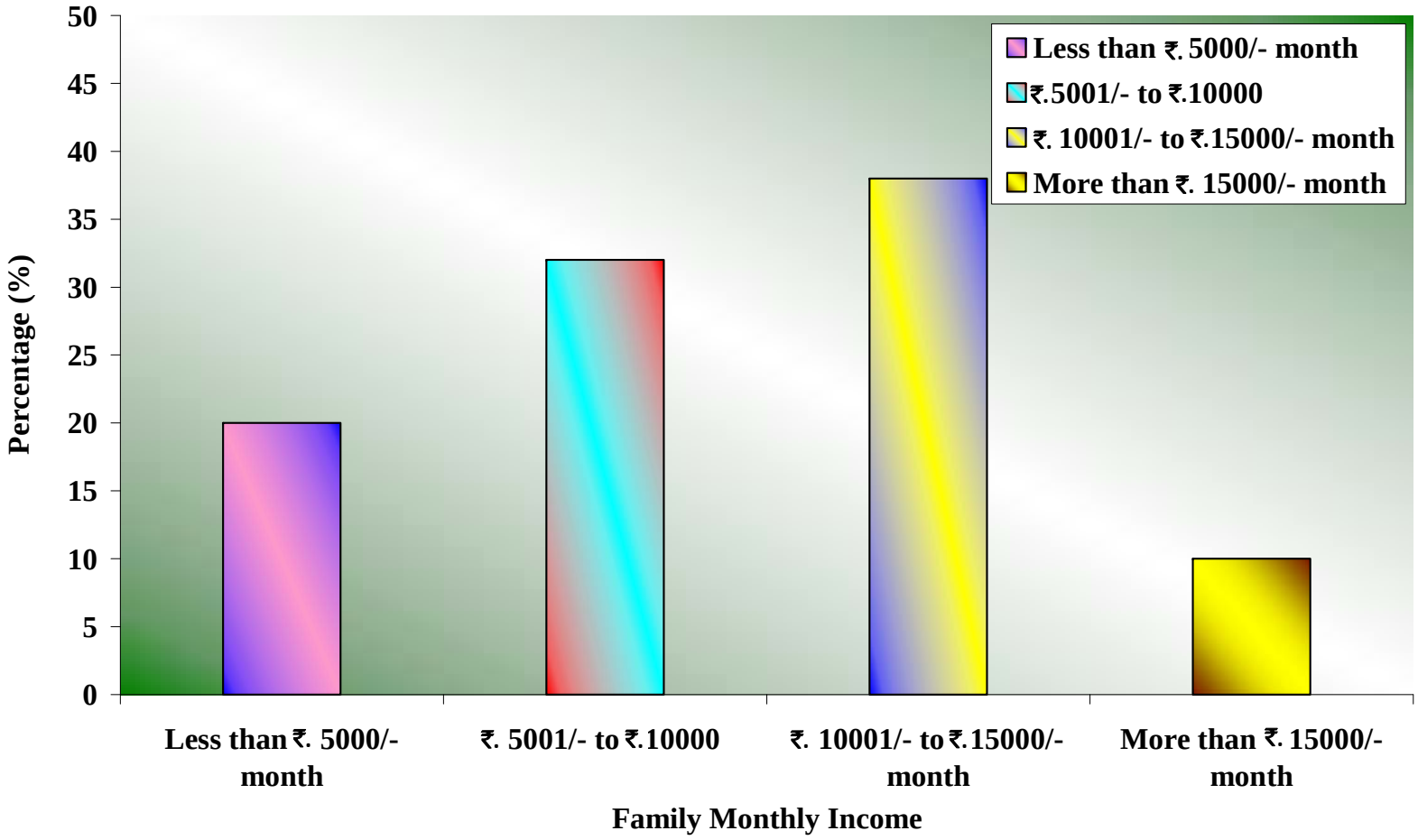

Figure. 12 Distribution of Demographic Variables According to the Monthly Family Income

SECTION – II

Table. 2 Distribution of Statistical Value of Pretest and Post Test Knowledge Scores of Mothers with Regard to Care of Children with Seizure Disorder

(N = 50)

S. No.	Knowledge	Mean	S.D	't' value
1.	Pretest	14.5	3.76	15.5*
2.	Post test	20	1.4	

*significant at 0.05 level

Table 2 shows that the pre test mean score was 14.5 and post test mean score was 20. The calculated t value 15.5 at (49 df) is significant at 0.05 level. The finding implies that the structured teaching programme has significant effect in the improvement of mother's knowledge regarding care of children with seizure disorder.

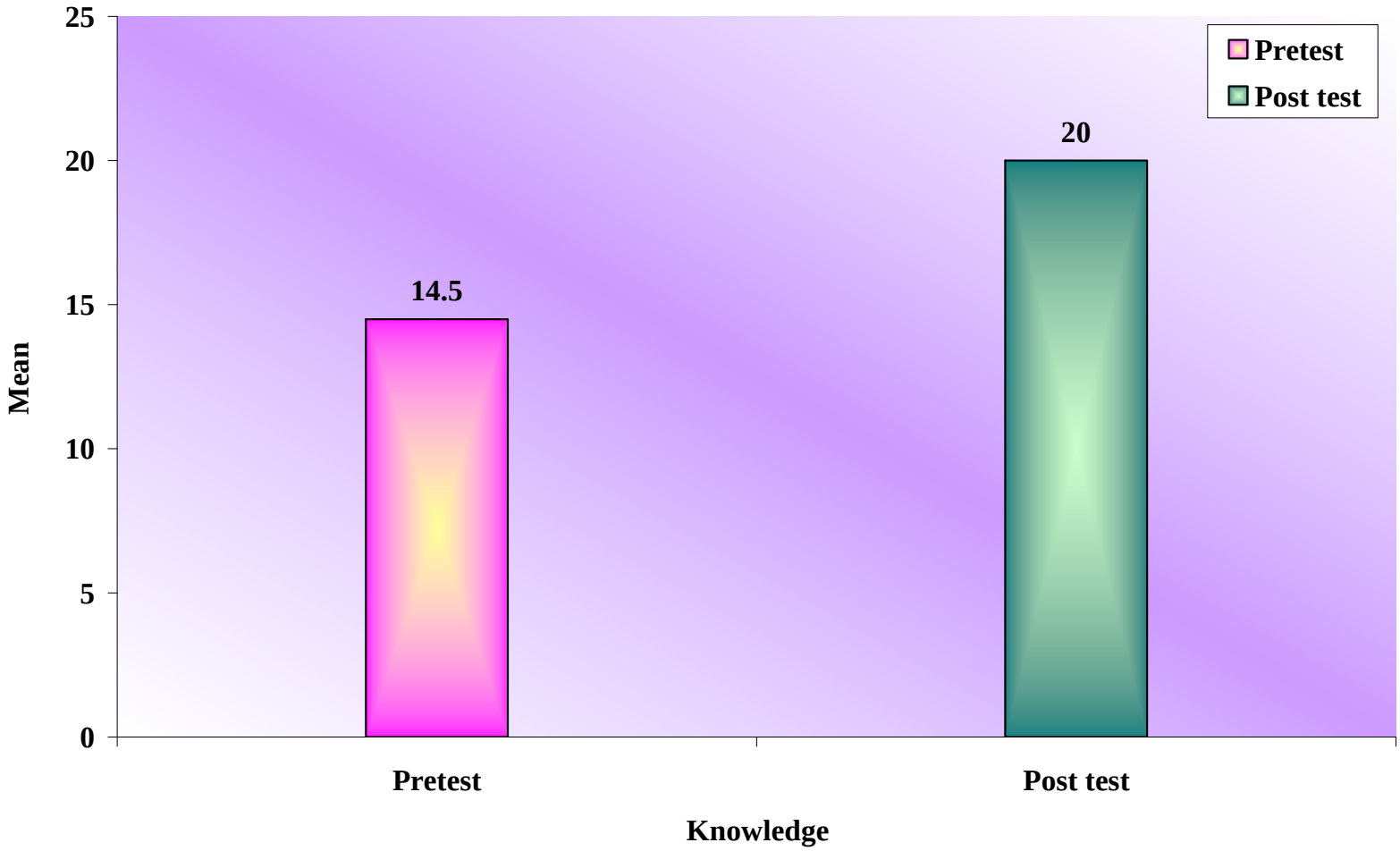

Figure. 13 Comparison of Mean Score of Pretest and Post test Knowledge Score Regarding the Care of Child with Seizure Disorders

Table. 3 Distribution of Statistical Value of Pretest and Post Test Practice Scores of Mothers with Regard to the Care of Children with Seizure Disorder

(N = 50)

S. No.	Practice	Mean	S.D	't' value
1.	Pretest	10.7	2.4	16.0*
2.	Post test	13	1.5	

*significant at 0.05 level

Table 3 shows that the pre test mean score was 10.7 and post test mean score was13. The calculated t value 16 at (49df) is significant at 0.05 level. The findings implies that the structured teaching programme has significant effect in the improvement of mothers practice regarding care of children with seizure disorder.

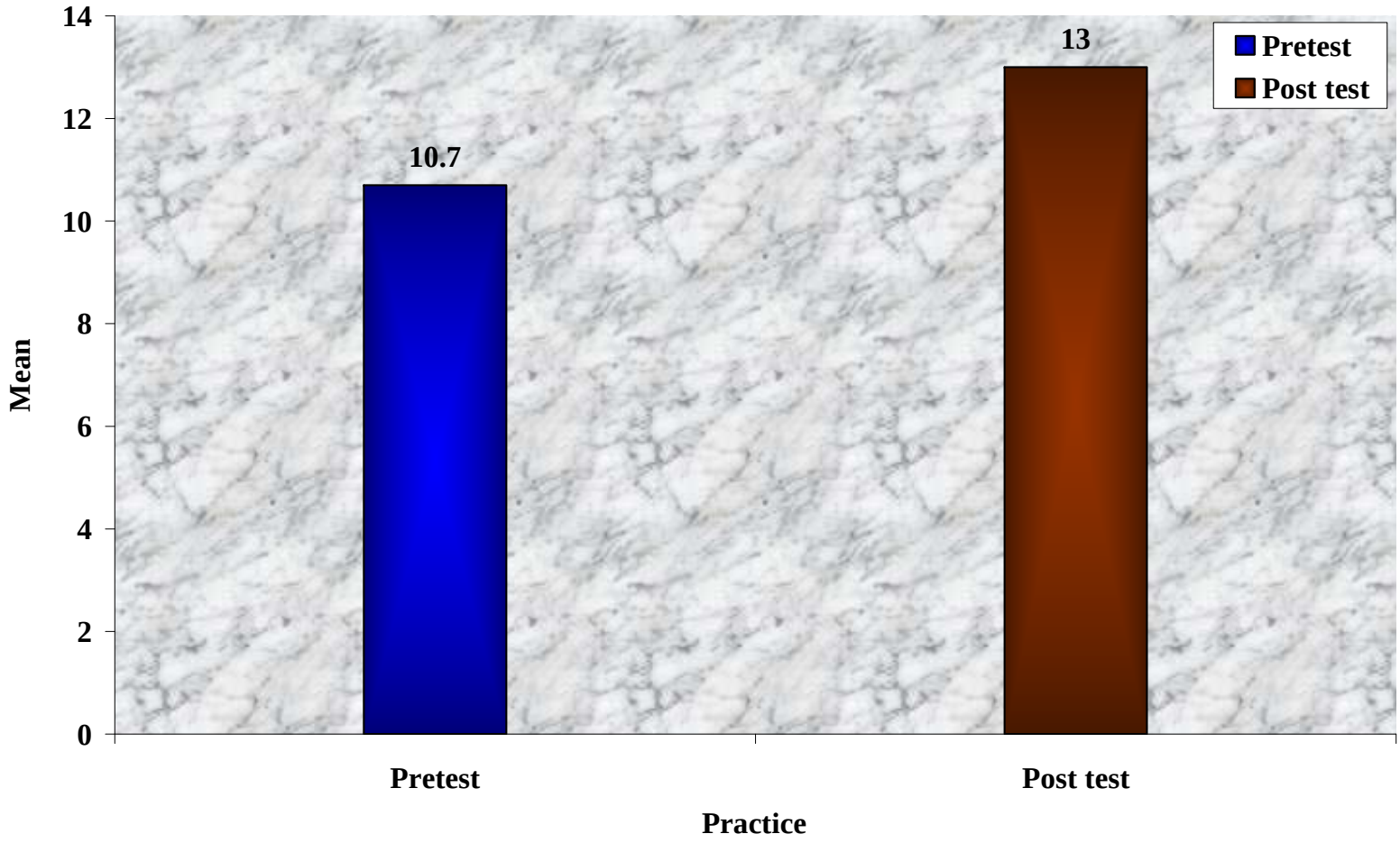

Figure. 14 Comparison of Mean Score of Pretest and Post test Practice Score Regarding the Care of Child with Seizure Disorders

SECTION – III

Table. 4 Correlation Between Pretest Knowledge and Practice Scores of Mothers Regarding Care of Children with Seizure Disorder

(N = 50)

S. No.	Pretest	Mean	S.D	'r' value
1.	Knowledge	14.5	3.7	+0.4*
2.	Practice	10.7	2.4	

Table 4 shows that there was a positive correlation between the knowledge and practice in pre test.

Table. 5 Correlation Between Post Test Knowledge and Practice Scores of Mothers Regarding Care of Children with Seizure Disorder

(N = 50)

S. No.	Post test	Mean	S.D	'r' value
1.	Knowledge	20	1.4	+0.5*
2.	Practice	13	1.5	

Table 5 shows that there was a positive correlation between the knowledge and practice in post test.

SECTION – IV

Table. 6 Association of Selected Demographic Variables with Level of Knowledge of Mothers Regarding the Care of Children with Seizure Disorder in Post Test Score

(N = 50)

S.No.	Demographic Variables	Above Mean	Below Mean	χ^2
1.	**Age of Mothers**			
	a) 18-24 years	13	20	
	b) 25-31years	5	4	3.98
	c) 32-38 years	4	4	
2.	**Type of Family**			
	a) Nuclear family	22	8	2.93
	b) Joint family	5	15	
3.	**Education of Mother**			
	a) Illiterate	5	3	
	b) School education	10	6	4.7
	c) Degree	8	4	
	d) Post graduation	5	9	
4.	**Occupation of Mother**			
	a) Employed	9	3	2.80
	b) Unemployed	18	20	
5.	**Source of Health Information**			
	a) Health professional	14	10	
	b) Mass media	3	1	3.95
	c) Friends	10	12	

(Table 6 continues)

(Table 6 continued)

S.No.	Demographic Variables	Above Mean	Below Mean	χ^2
6.	**Sex of Child**			
	a) Male	15	14	2.55
	b) Female	9	12	
7.	**Age of Child**			
	a) Below 1 year	9	5	
	b) 1-3 years	12	10	12.36*
	c) 3-6 years	4	5	
	d) 6-12 years	4	1	
8.	**Family Monthly Income**			
	a) Less than ₹. 5000/- month	6	4	
	b) ₹. 5001/- to ₹. 10000	8	8	5.3
	c) ₹. 10001/- to ₹. 15000/- month	9	10	
	d) More than ₹. 15000/- month	2	3	

Table 6 shows the association of the post test score of mother's knowledge with selected demographic variables age of mother, type of family, education of mother, occupation of mother, source of health information, sex of child, age of child and family monthly income. The obtained χ^2 value of age of child was12.36 at 3 (df) significant at 0.05 level. It shows that there was an association between age of the child with knowledge score of post test. The other values were not having significant association with the knowledge score of post test.

Table. 7 Association of Selected Demographic Variables with Level of Practice of Mothers Regarding the Care of Children with Seizure Disorder in Post Test Score

(N = 50)

S. No.	Demographic Variable	Above Mean	Below Mean	χ^2
1.	**Age of Mothers**			
	a) 18-24 years	15	18	
	b) 25-31 years	5	4	3.98
	c) 32-38 years	4	4	
2.	**Type of Family**			
	a) Nuclear family	20	10	2.32
	b) Joint family	7	13	
3.	**Education of Mother**			
	a) Illiterate	4	4	
	b) School education	7	9	3.68
	c) Degree	5	7	
	d) Post graduation	8	6	
4.	**Occupation of Mother**			
	a) Employed	12	9	2.53
	b) Unemployed	16	13	
5.	**Source of Health Information**			
	a) Health professional	15	9	
	b) Mass media	3	1	3.5
	c) Friends	10	12	

(Table 7 continues)

(Table 7 continued)

S. No.	Demographic Variable	Above Mean	Below Mean	χ^2
6.	**Sex of Child**			
	a) Male	15	14	2.55
	b) Female	9	12	
7.	**Age of Child**			
	a) Below 1 year	4	10	
	b) 1-3 years	9	13	5.36
	c) 3-6 years	4	5	
	d) 6-12 years	1	4	
8.	**Family Monthly Income**			
	a) Less than ₹. 5000/- month	4	6	
	b) ₹. 5001/- to ₹.10000	8	8	
	c) ₹. 10001/- to ₹. 15000/- month	9	10	5.31
	d) More than ₹. 15000/- month	2	9	

The table 7 shows the association of the post test score of mothers practice with selected demographic variables like age of mother, type of family, education of mother, occupation of mother, source of health information, sex of child, age of child and family monthly income. The values were not having significant association with the practice score of post test.

CHAPTER - V

Results and Discussion

The aim of the study was to assess the Effectiveness of structured teaching programme on knowledge and practice of mothers regarding care of children with seizure disorder. The data were analyzed by using descriptive and inferential statistics. The result of the study was discussed according to the objective.

The First Objective of the Study was to Assess the Knowledge and Practice of Mothers Regarding Care of Children with Seizure Disorder

Structured questionnaire was used to assess the knowledge. The pre test mean score of knowledge was 14.5. The practice mean score in pre test was 10.7. It implies that mothers having inadequate knowledge and practice regarding care of child with seizure disorder in pre test.

A study was conducted by Tazloc (2012) over 100 samples showed that 80% of the mothers having inadequate knowledge and practice among the care of seizure disorder child. The pre and post treatment scores were recorded. The pre test score of knowledge was 12, and the post test mean score was 26.

The Second Objective of the Study was to Deliver Structured Teaching Programme on Knowledge and Practice Regarding Care of Children with Seizure Disorder

The samples were selected by non probability convenient sampling technique on the basis of selection criteria . The structured teaching programme was given

regarding the care of child with seizure disorder among mothers with the help of power point. The duration of the programme was 45 minutes and it was found to be effective and they communicated and clarified their doubts related to care of seizure child.

A similar study conducted by Margret Wilson (2012) to evaluate the effectiveness of structured teaching programme for the care of seizure child. Post test was conducted after a week. It revealed that the teaching programme was effective in improving the knowledge and practice level.

The Third Objective of the Study was to Assess the Effectiveness of Structured Teaching Programme on the Level of Knowledge and Practice Regarding the Care of Child with Seizure Disorder

The pre test mean score for the knowledge was 10.7 and post test mean score was 13. There by the ‘t’ value of knowledge was 15.5. The pre test mean score for practice was 10.7 and post test mean score was 13. There by the ‘t’ value for practice was 16.0.

Both the ‘t’ value obtained for knowledge and practice were higher than the table value at 0.05 level of significant. This reveals that there was a significant improvement in knowledge and practice about care of seizure child among mothers. This in turn reveals that the structured teaching programme was effective.

Similar study was conducted by Shivane Katre (2012) to assess the effectiveness of planned teaching programme for the care of seizure child among

mothers at rural area. The study result showed that there was a significant improvement in knowledge and practice after teaching programme. The study results concluded that structured educational intervention was effective in improving knowledge and practice of mother.

The Fourth Objective of the Study was Distribution of Correlation Between Knowledge and Practice of Mothers Regarding Care of Children with Seizure Disorder

The Karl Pearson's Correlation Coefficient 'r' was used to find out the relationship between knowledge and practice of mother regarding care of child with seizure disorder. The 'r' value of pre test is + 0.4 and post test is + 0.5. It reveals that there is improvement in knowledge which significantly influence the practice of the mother with regards to the care of child with seizure disorder.

Michel. L (2011) conducted a study to evaluate effectiveness of teaching programme on care of seizure child among mothers. The study result shows that mothers knowledge is increase when the practice is increased.

The Fifth Objective of the Study was Association of Selected Demographic Variables with Level of Knowledge and Practice of Mothers Regarding Care of Children with Seizure Disorder

The demographic variables like age of mother, type of family, educational status, occupation, source of information, age of child, sex of child and monthly family income shows that, there was an association between age of the child with knowledge score of post test.

The demographic variables like age of mother, type of family, educational status, occupation and source of information, age of child, sex of child and monthly family income shows no significant association with the practice level of mother regarding care of seizure child.

A similar study was conducted by Guna Thunga (2010) to find out the knowledge of mother regarding care of child with seizure disorder. It reveals that there was no significant association between selected demographic variables and level of knowledge of mothers.

CHAPTER – VI

Summary, Conclusion, Nursing Implications, Limitations and recommendations

Summary

Seizure disorder is a major health problem. There are more than 20 different epileptic disorders and it is a common childhood disorder. So the education of mothers among seizure care is important.

The purpose of the study was to assess the effectiveness of structured teaching programme on knowledge and practice of mothers regarding care of children with seizure disorder.

The Following Objectives were Set for the Study

- To assess the knowledge and practice of mothers regarding care of children With seizure disorder.
- To deliver structured teaching programme on knowledge and practice regarding care of children with seizure disorder.
- To evaluate the effectiveness of structured Teaching Programme on Knowledge and Practice of mothers regarding care of children with seizure disorder.
- To find out the correlation between knowledge and practice of mothers regarding care of children with seizure disorder.
- To find out the association between knowledge and practice of mothers regarding care of seizure disorder children with selected demographic variables.

Hypothesis Set for the Study

There is a significant difference in the knowledge and practice level of mothers regarding care of children with seizure disorder in pre-test and post test scores.

Major Findings of the Study were as Follows

- The pretest mean score of knowledge was 14.5 and post test score of knowledge was 20 among mothers of seizure disorder child.
- The pretest for practice was 10.7 and the post test score of practice was 13.
- The obtained 't' value for comparison of knowledge score at 49 (df) $p<0.05$ level was 15.5.
- The obtained 't' value for comparison of practice score at 49 (df) $p<0.05$ level was 16.
- The correlation between knowledge and practice in pretest regarding care of child with seizure disorder among mothers was +0.4.
- The correlation between knowledge and practice in post test regarding care of child with seizure disorder among mothers was +0.5.
- The demographic variables like age of mother, type of family, educational status, occupation, source of information, age of child, sex of child and monthly family income were associated with knowledge score. It shows that age of the child has significant association with knowledge score of post test The other has no significant association with the knowledge level of mother regarding care of seizure child.
- The demographic variables like age of mother, type of family, educational status, occupation and source of information, age of child, sex of child and

monthly family income shows no significant association with the practice level of mother regarding care of seizure child.

Conclusion

The educative measures show that significant improvement in knowledge and practice regarding care of child with seizure disorders among mothers. The post test scores of knowledge and practice were highly significant when compared with pretest scores. Hence the formulated hypothesis was accepted.

Karl Pearson coefficient of correlation was used to correlate knowledge and practice score of study subjects. There was a positive correlation between knowledge and practice score in pre test and post test. Results shows that the improvement in knowledge which develop favorable attitude towards the care of child with seizure disorder.

The χ^2 test was used to find out the association between selected demographic variables with knowledge and practice regarding care of child with seizure disorder. The values of age of child shows significant association with the knowledge score in pre test. The other values were not having significant association with the knowledge and practice score.

Nursing Implications

The findings of the study have implications on various areas of nursing education, nursing practice, nursing administration and nursing research.

Nursing Education

The findings of the study indicate that more emphasis should be placed in the curriculum for care of seizure disorder. The nursing curriculum should consist of knowledge and practices related to teaching strategies and various modalities. So, that the nursing students can use different teaching methods to impart appropriate knowledge for the care of the child with seizure disorder. The students learning experience should provide opportunity to conduct health education campaign and supervised nursing practices about specific topics

Nursing Practice

Nursing professionals working in the community as well as in the hospital can understand the importance of health education regarding care of child with seizure disorder. So that there is a need for developing structured teaching programme and health education on different aspects about seizure care in order to improve the knowledge and practice regarding care of seizure child.

Mass health education campaigns should be organized regularly by health team to provide education towards seizure disorder and clear the doubts regarding seizure disorder care and motivating them to practice it.

Nursing Administration

The nurse administrator should organize the in-service education training program for nurses and other health care professionals to update their knowledge and practice about care of seizure child. The nurse administrator should motivate the health care professionals to organize campaign on care among seizure disorder.

Nursing Research

The findings of the study serves as a basis for the professional and student nurses to conduct further studies regarding care of child with seizure disorder. The study will motivate the beginning researchers to conduct the same study with different variables and large scale.

Limitations

- The study was conducted on a small representative group
- The sample size was only 50 hence the findings should be generalized with caution
- The researcher could not use randomized sampling technique in this study.
- Knowledge and practice on care of child with seizure disorder was assessed only through the verbal responses through structured interview schedule, which may be subjective to various factors like inhibition of self expression.

Recommendations

- Similar study can be done by including additional demographic variables.
- Similar study can be undertaken on a large sample for making a more valid generalization.
- A comprehensive study can be conducted between rural mothers and urban mothers.
- Similar study can be undertaken by descriptive study .
- An experimental study can be undertaken with control group for effective comparison.

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ABSTRACT

Statement of the Problem : A study to assess the Effectiveness of structured teaching programme on knowledge and practice of mothers regarding care of children with seizure disorder in Vilankurichi, Coimbatore. **Study Objectives : (a)** To assess the knowledge and practice of mothers regarding care of children With seizure disorder. **(b)** To deliver structured teaching programme on knowledge and practice regarding care of children with seizure disorder. **(c)** To evaluate the effectiveness of structured Teaching Programme on Knowledge and Practice of mothers regarding care of children with seizure disorder. **(d)** To find out the correlation between knowledge and practice of mothers regarding care of children with seizure disorder. **(e)** To find out the association between knowledge and practice of mothers regarding care of seizure disorder children with selected demographic variables. **Methodology :** One group pretest and post test experimental design. The samples for this present study consisted of 50 mothers selected by using Non probability convenient-sampling technique. A questionnaire and check list was used to assess the knowledge and practice. **Result :** Inferential and Descriptive statistics were used to analyze the data. The obtained 't' value in knowledge and practice was higher than the table value. **Conclusion :** The study revealed that there is an improvement in knowledge and practice after delivering the structured teaching programme.

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To

Through

The Principal,
PPG College of Nursing
Coimbatore – 35.

Respected Sir,

Sub : Seeking permission for conducting research study

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Child Health Nursing.

Topic : A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE OF MOTHERS REGARDING CARE OF CHILDREN WITH SEIZURE DISORDER IN VILANKURICHI, COIMBATORE

I request you to kindly permit me to conduct my study in Vilankurichi village. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

Requisition Letter for Content Validity

From

M.Sc (N) II Year,
PPG College of Nursing,
Coimbatore – 35.

To

Through : Principal, PPG College of Nursing

Respected Sir/Madam,

Sub : Requisition for expert opinion and suggestion for content validity of tool

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE OF MOTHERS REGARDING CARE OF CHILDREN WITH SEIZURE DISORDER IN VILANKURICHI, COIMBATORE

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

Format for the Content Validity

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

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   Nagerkovil.

SECTION - I

Demographic Data

Instructions

Read the following questions carefully and give tick mark (✓) in given boxes for correct answers

Sample Number _____

1. Age (in years)

a) 18-24 ☐

b) 25-31 ☐

c) 32-38 ☐

2. Type of family

a) Nuclear family ☐

b) Joint family ☐

3. Education of mother

a) Illiterate ☐

b) School education ☐

c) Degree ☐

d) Post graduation ☐

4. Occupation of mother

a) Employed ☐

b) Unemployed ☐

5. Source of health information

a) Health professionals ☐

b) Mass media ☐

c) Friends ☐

6. Sex of child

a) Male ☐

b) Female ☐

7. Age of child

a) below 1 years ☐

b) 1-3 years ☐

c) 3-6 years ☐

d) 6-12 years ☐

8. Family monthly income

a) Less than ₹. 5000/- month ☐

b) ₹. 5001/- to ₹. 10000 ☐

c) ₹. 10001/- to ₹. 15000/- month ☐

d) More than ₹. 15000/- month ☐

SECTION - II

Questions on Knowledge of Care of Child with Seizure Disorder

Instructions

Read the following questions carefully and give tick mark (✓) in given boxes for correct answers

1. Where is brain located?

a) Head ☐

b) Chest ☐

c) Stomach ☐

d) Pelvis ☐

2. Which organ is responsible for thinking, memory and judgment ?

a) Kidney ☐

b) Heart ☐

c) Brain ☐

d) Lungs ☐

3. What is the function of brain?

a) Respiration ☐

b) Control the functions of body ☐

c) Efxcretion ☐

d) Digestion ☐

4. **What is the reason for seizure disorder?**

   a) Malfunctioning of stomach ☐

   b) Malfunctioning of brain ☐

   c) Malfunctioning of heart ☐

   d) Malfunctioning of Kidney ☐

5. **What is seizure disorder?**

   a) It is a communicable disease ☐

   b) It is a curse from God ☐

   c) It is a mental illness ☐

   d) If is the disease condition of brain ☐

6. **What is the precipitating factor of seizure disorder?**

   a) Loud noise ☐

   b) Increase or decrease in sleep ☐

   c) Prolonged play ☐

   d) All of the above ☐

7. **Which age group of children is more prone to develop seizure disorder?**

   a) 6 months ☐

   b) Below 2 years ☐

   c) 2-3 years ☐

   d) Above 5 years ☐

8. What are the symptoms of epilepsy?

a) Closing of eyes ☐

b) Vomiting ☐

c) Numbness ☐

d) Frothing and salivation from mouth skin ☐

9. How to manage a child with convulsion?

a) Give side lying position ☐

b) wrapwith cloth ☐

c) Pour water or medication in to mouth ☐

d) Try to awake the patient ☐

Management of child with epilepsy

10. How to position a child after epilepsy?

a) Supine ☐

b) Side lying ☐

c) To be lifted up ☐

d) Prone position ☐

11. What is the correct practice to be performed during seizure attacks?

a) Give an iron key in the child's hand ☐

b) Put a spoon between teeth ☐

c) Restrain the child ☐

d) Position the child safely ☐

12. Why it is contraindicated to give anything through mouth while child is Unconscious?

a) It will enter in to lungs and chocking may result ☐

b) Child will vomit ☐

c) Since child can't realize taste ☐

d) Child will cough ☐

13. What are the things to observe in a child during convulsion?

a) color of the child ☐

b) Activity of the child ☐

c) Any deviation of angle of mouth ☐

d) All of the above ☐

14. Which is the triggering factor of seizure disorder?

a) Flickering light ☐

b) Adequate sleep ☐

c) Play ☐

d) Reading ☐

15. What is the warning sign of seizure attack?

a) Head ache ☐

b) Vertigo ☐

c) Visual disturbances ☐

d) All of the above ☐

16. What is the precaution to be taken to save an epileptic child from danger?

a) Avoid play in heights ☐

b) Restrict play with other children ☐

c) Avoid reading ☐

d) Reduce the sleeping hours of the child ☐

17. What should be done if the fits remain more than 5 minutes?

a) Restrain the child ☐

b) Send to nearby hospital ☐

c) Provide seizure medication ☐

d) Closely observe the child ☐

18. Which is appropriate to offer the child during the post seizure period?

a) Epileptic medication ☐

b) Nothing to be given by mouth ☐

c) Give meals ☐

d) Cold/hot drink ☐

19. What is the diagnostic test available to rule out seizure disorder?

a) ECG ☐

b) EEG ☐

c) EMG ☐

d) ECHO ☐

Anti Epileptic Drugs

20. What do you mean by antiepileptic drug?

a) Drugs used to prevent seizure disorders ☐

b) Drugs used to treat complications of seizure disorder ☐

c) Drugs used to treat co-morbidities ☐

d) Drugs used to prevent fever ☐

21. What is the ideal time for offering anti-epileptic drug?

a) Before seizure attack ☐

b) Regularly at bed time ☐

c) During seizure attack ☐

d) After seizure attack ☐

22. The missed dose of antiepileptic drug should be given

a) After one week ☐

b) Taken with next day dose ☐

c) After one year ☐

d) No need to give that dose ☐

23. What is the consequence of sudden withdrawal of antiepileptic drug?

a) Sleep disturbances ☐

b) Head ache ☐

c) Increase in the number of severity of seizures ☐

d) All of the above ☐

24. How can you deal if the child vomits after administering the antiepileptic drug?

a) stop the medication suddenly ☐

b) consult the pediatrician for advise ☐

c) reduce the dosage of antiepileptic drug without consultation ☐

d) change the time of administration ☐

25. What are the precautions you can take to reduce harm to the child while seizure attacks?

a) Play with fire ☐

b) Activities at height should be avoided ☐

c) Always supervise child around water ☐

d) All of the above ☐

SECTION- III

Rating Scale to Assess the Practice of mother regarding seizure management

Instructions

Read the following questions carefully and give tick mark (✓) in given boxes for correct answers

S. No.	Items on Practice	Yes	No
1.	My child has regular check-up for seizure disorder.		
2.	I used to skips the administration of antiepileptic drug to my child.		
3.	I have changed the drug or dose by myself at any time.		
4.	I used to provide other treatment along with the seizure medication.		
5.	I used to check the blood investigation of my child as prescribed by doctor.		
6.	I used to try to avoid the flickering lights when the child is seeing to it.		
7.	I used to ensure the child having food at correct time.		
8.	I used to ensure the child having adequate sleep during night.		
9.	I used to provide supine position to my child during seizure attacks		
10.	I used to provide water to the child during seizure attacks.		
11.	I used to tries to restrain the child during convulsive movements.		

12.	I used to restricted the outdoor activity of my child.		
13.	I used to loosens the restrictive clothing of my child during seizure attacks.		
14.	I used to think that antiepileptic drug taking long duration will be bad formy child		
15.	I used to place spoon between teethes during seizure attacks		
16.	I used to provide tea and coffee to my Child daily.		
17.	I used to notice that my child having habit of forgetting things		
18.	I informed the school teacher of my child regarding his/ her disease Condition.		
19.	I used to give extra supervision to my child in daily activities		
20.	I used to carry medicine when we are going for a long journey with myChild.		

SECTION – II

Answer Key

S. No.	ANSWERS	Score
1.	a	1
2.	b	1
3.	d	1
4.	b	1
5.	d	1
6.	d	1
7.	b	1
8.	d	1
9.	a	1
10.	b	1
11.	d	1
12.	a	1
13.	d	1
14.	a	**1**
15.	d	1
16.	a	1
17.	c	1
18.	b	1
19.	b	1
20.	a	1
21.	b	1
22.	d	1
23.	c	1
24.	b	1
25.	d	1

SECTION - III

Answer Key

Q. No.	Answers	Score
1.	Yes	1
2.	No	1
3.	No	1
4.	No	1
5.	Yes	1
6.	Yes	1
7.	Yes	1
8.	Yes	1
9.	No	1
10.	No	1
11.	No	1
12.	Yes	1
13.	Yes	1
14.	Yes	1
15.	Yes	1
16.	No	1
17.	Yes	1
18.	Yes	1
19.	Yes	1
20	Yes	1

கருவி - அ

சரியான விடைக்கு [✓] செய்யவும்.

1. வயது (வருடம்)

அ) 18 - 24 ☐

ஆ) 25 - 31 ☐

இ) 32 - 38 ☐

2. குடும்ப வகை

அ) தனி குடும்பம் ☐

ஆ) கூட்டு குடும்பம் ☐

3. அம்மாவின் கல்வியறிவு

அ) கல்வி அறிவின்மை ☐

ஆ) பள்ளி படிப்பு ☐

இ) பட்டதாரி ☐

4. அம்மாவின் தொழில்

அ) வேலை செய்பவர் ☐

ஆ) வேலையில்லாதவர் ☐

5. மருத்துவ தகவல் சேகரிப்பு

அ) மருத்துவ துறை சார்ந்தவர்கள் ☐

ஆ) தொலை தொடர்பு ☐

இ) நண்பர்கள் ☐

கருவி - ஆ

முக்கிய குறிப்பு : அனைத்து வினாக்களுக்கும் விடை அளிக்கவும்.

சரியான விடைக்கு [✓] செய்யவும்.

1. மூளை எங்கு அமைந்துள்ளது.

அ) தலை ☐

ஆ) மார்பு ☐

இ) வயிறு ☐

ஈ) இடுப்பு ☐

2. சிந்தனை, அறிவு திறன், தீர்ப்பு இவற்றிற்கு எந்த உறுப்பு உதவுகிறது.

அ) சிறுநீரகம் ☐

ஆ) இதயம் ☐

இ) மூளை ☐

ஈ) நுரையீரல் ☐

3. மூளையின் செயல்பாடு என்ன?

அ) சுவாசிப்பது ☐

ஆ) உடலின் செய்பாடுகளை சீர்படுத்துவது ☐

இ) உடற்பயிற்சி ☐

ஈ) செரிமானம் ☐

4. திடீர் நோய் பிடிப்பு வருவதற்கான காரணங்கள்

அ) வயிறு கோளாறு ☐

ஆ) மூளை கோளாறு ☐

இ) இதயம் கோளாறு ☐

ஈ) சிறுநீரக கோளாறு ☐

5. திடீர் நோய் பிடிப்பு என்ன?

அ) அது ஒரு தொடர்ப நோய் ☐

ஆ) அது ஒரு சாபம் ☐

இ) அது ஒரு மன நோய் ☐

ஈ) அது ஒரு மூளை நோய் ☐

6. திடீர் நோய் பிடிப்பு துரிதப்பட்ட காரணிகள் என்ன?

அ) உரத்த சத்தம் ☐

ஆ) அதிகமான அல்லது குறைவான அளவு உறக்கம் ☐

இ) தொடர்ந்து விளையாடுவது ☐

ஈ) அனைத்தும் ☐

7. எந்த வயதில் குழந்தைகள் உட்படுவார்கள் திடீர் நோய் பிடிப்பு நோய்க்கு

அ) 6 மாதம் ☐

ஆ) 2 வயதிற்கும் கீழ் ☐

இ) 2-3 வருடம் ☐

ஈ) 5 ஆண்டுகளுக்கும் மேல் ☐

8. வலிப்பு நோய்க்கான அறிகுறிகள் என்ன?

அ) கண்களை மூடுதல் ☐

ஆ) வாந்தி ☐

இ) உணர்வின்மை ☐

ஈ) வாய் வழியாக எச்சில் அதிகமாக வெளியேறுதல் ☐

9. குழந்தை வலிப்பு நோயை எப்படி நிர்வகிப்பது

அ) பக்கவாட்டு நிலையை ☐

ஆ) துணியால் போர்த்தி ☐

இ) வாயில் நீர் மற்றும் மருந்து கொடுப்பது ☐

ஈ) நோயாளியை எழுந்திருக்க முயற்சி செய்தல் ☐

குழந்தையின் வலிப்பு நோய்க்கான மேலாண்மை

10. எப்படி இருக்கும் குழந்தை வலிப்பு நோய்க்கு பின்னர் உள்ள நிலைமை?

அ) மல்லாந்து படுத்திருக்கிற ☐

ஆ) பக்க வாட்டு நிலை ☐

இ) தூக்கி இருக்கும் நிலை ☐

ஈ) கை, கால் மடங்கிய நிலை ☐

11. வலிப்பு வரும்போது எது நடைமுயில் செய்யப்படுகிது

அ) இரும்பு உபகரணம் குழந்தையின் கையல் கொடுப்பது ☐

ஆ) பற்களுக்கு இடையில் கரண்டியை வைத்தல் ☐

இ) குழந்தையை நிதானப்படுத்துதல் ☐

ஈ) குழந்தையை பாதுகாத்தல் ☐

12. குழந்தை மயக்கத்தில் இருக்கும் போது எதுவும் வாயின்மூலம் கொடுக்க கூடாது ஏன்?

அ) அதை சாப்பிடும் போது நுரையீரல் மற்றும் சுவாசப்பாதையில் கொடுக்கக் கூடாது ஏன்? ☐

ஆ) குழந்தை வாந்தி எடுத்தல் ☐

இ) குழந்தையால் உணர முடியாது ☐

ஈ) குழந்தைக்கு இருமல் ஏற்படுதல் ☐

13. குழந்தையின் வலிப்பு போது கண்காணிக்க வேண்டிய விஷயங்கள்

அ) குழந்தையின் உடல் நிறம் ☐

ஆ) குழந்தையின் செயல்கள் ☐

இ) குழந்தையின் வாயில் ஏதாவது மாற்றம் ஏற்பட்டால் ☐

ஈ) அனைத்தும் ☐

14. எந்த காரணி திடீர் நோய் பிடிப்பை தூண்டுவதாக இருக்கிறது.

அ) ஒளிர்கின்ற ஒளி ☐

ஆ) போதுமான தூக்கம் ☐

இ) விளையாடுவது ☐

ஈ) படித்தல் ☐

15. என்ன அடையாளம் திடீர் நோய்

அ) தலைவலி ☐

ஆ) தலை சுற்றல் ☐

இ) கண்பார்வையில் தொந்தரவுகள் ☐

ஈ) அனைத்தும் ☐

16. வலிப்பு நோய் குழந்தையை ஆபத்தில் இருக்கும் தடுக்கும் முன்னெச்சரிக்கைகள் என்ன?

அ) உயரத்தில் விளையாடுவதை தடுக்கவும் ☐

ஆ) குழந்தைகளுடன் விளையாடுவதை கட்டுப்படுத்தவும் ☐

இ) படிப்பதை தவிர்க்கவும் ☐

ஈ) தூங்கும் நேரத்தை குறைத்தல் ☐

17. வலிப்பு முடிந்த 5 நிமிடங்களில் என்ன செய்ய வேண்டும்.

அ) குழந்தையை நிதாப்படுத்தல் ☐

ஆ) அருகில் உள்ள மருத்துவமனைக்கு குழந்தையை அழைத்து செல்லுதல் ☐

இ) திடீர் நோய் பிடிப்பு மருந்து வழங்குதல் ☐

ஈ) குழந்தையை முழுமையாக கவனித்தல் ☐

18. திடீர் நோய் பிடிப்பு முடிந்த பிறகு எவை குழந்தைக்கு சிறந்தது.

அ) திடீர் நோய் பிடிப்பு மருந்து ☐

ஆ) வாயின் மூலம் எதுவும் கொடுக்ககூடாது ☐

இ) உணவு கொடுக்கவும் ☐

ஈ) குளி:சிசயான / சூடான பொருள்கள் ☐

19. திடீர் நோய் பிடிப்பை என்ன முறையில் கண்டறியலாம்

அ) ஈ சி ஜி ☐

ஆ) ஈ. ஈ ஜி ☐

இ) ஈ எம் ஜி ☐

ஈ) எதிரொலி ☐

20. வலிப்பு நோய்கக்கான எதிர்ப்பு மருந்து என்ன அர்த்தம்.

அ) மருந்து பயன் மருத்துவம் போது தடுக்கப்படுகிறது திடீர் நோய் பிடிப்பு ☐

ஆ) சிக்கலான நிலை ஏற்படுகிறது. திடீர் நோய் பிடிப்பு மருந்து

பயன்படுத்தும் போது. ☐

இ) மருந்து பயன்படுத்தப்படும்போது மன வளர்ச்சி ☐

ஈ) மருந்து பயன்படுத்தப்படுவதால் காய்ச்சல் தடுக்கப்படுகிறது. ☐

21. வலிப்பு நோய் மருந்து எந்த நேரத்திற்கு ஏற்புடையது

அ) வலிப்பு நோய் வருவதற்கு முன் ☐

ஆ) உறங்கும் போது ☐

இ) வலிப்பு நோய் வரும்போது ☐

ஈ) வலிப்ப நோய் முடிந்த பிறகு ☐

22. வலிப்பு நோய் எதிர்ப்பு மருந்து தவறவிட்டால் அதை எப்போது வழங்க வேண்டும்.

அ) பின்னர் ஒரு வாரம் ☐

ஆ) மருந்து எடுத்த அடுத்த நாள் ☐

இ) பின்னர் ஒரு வருடம் ☐

ஈ) தேவை இல்லை மருந்து ☐

23. என்ன விளைவு இருக்கிறது வலிப்பு நோய் மருந்திற்கு

அ) தூக்கமின்மை ☐

ஆ) தலைவலி ☐

இ) வலிப்பு எண்ணிக்கை அதிகாரித்தல் ☐

ஈ) அனைத்தும் ☐

24. வலிப்பு நோய் மருந்திற்க பிறகு குழந்தை வாந்தி எடுப்பதை எப்படி தடுப்பது

அ) மருந்தை உடனடியாக நிறுத்தல் ☐

ஆ) குழந்தையை மருத்துவரிடம் அழைத்து செல்லுதல் ☐

இ) மருந்துஅளவை மருத்துவ ஆலோசனை இல்லாமல் குறைத்தல் ☐

ஈ) மருந்து கொடுக்கும் நேரத்தை மாற்றுதல் ☐

25. திடீர்நோய் பிடிப்பு தாக்குதல் என்ன முன்னெச்சரிக்கை நடவடிக்கை உள்ளது.

அ) தீயில் விளையாடுவது ☐

ஆ) உயரமான இடத்தை தவிர்க்க நடவடிக்கை வேண்டும் ☐

இ) குழந்தை சுற்றி எப்போதும் மேற்பார்வை வேண்டும் ☐

ஈ) மேற்கூறிய அனைத்தும். ☐

கருவி - இ

மதிப்பீடு அளவை சரியான அளவை வெளிப்படுத்தும் வலிப்பு மேலாண்மை

வ. எண்.	பொருட்கள்	ஆம்	இல்லை
1.	வலிப்பு நோய் தாக்கம் உள்ள என் குழந்தைக்கு வழக்கமாக சோதனை அவசியம்		
2.	என் குழந்தைக்கு வலிப்பு நோய்க்கான எதிர்ப்பு மருந்து பயன்படுத்தப்படுகிறது		
3.	நானே மருந்து கொடுக்கும் நேரத்தையும் மணியையும் மாற்றுதல்		
4.	வலிப்பு மருந்து உடன் வேறு சிகிச்சை மருந்து பயன்படுத்தப்படுகிறது		
5.	மருத்துவரின் ஆலோசனை படி என் குழந்தையின் இரத்த பரிசோதனையை கண்டறிதல்		
6.	குழந்தைகள் ஒளிர்கின்ற ஒளியை எப்பொழுதும் பார்ப்பதை தவிர்க்க வேண்டும்.		
7.	சரியான நேரத்தில் குழந்தைக்கு உணவு உறுதி செய்யப்படுகிறது		
8.	குழந்தைக்கு இரவு நேரத்தில் சரியான தூக்கம் உறுதி செய்யப்படுகிறது		
9.	வலிப்பின் போது குழந்தை மல்லாந்து படுத்திருக்கிற நிலை உறுதியானது		

10.	வலிப்பு நோய் தாக்குதல்களின் போது குழந்தைக்கு நீர் வழங்கப்படுகிறது.		
11.	வலிப்பு நோயின் போது குழந்தையை நிதானப்படுத்த முயற்சிகள் செய்யவேண்டும்.		
12.	என் குழந்தை வெளியில் சென்று விளையாடுவதை தடை செய்ய வேண்டும்.		
13.	வலிப்பின்போது குழந்தைக்கு இறுக்கமான ஆடையை தடை செய்ய வேண்டும்.		
14.	வலிப்பு நோய் எதிர்ப்பு மருந்து நீண்ட காலம் எடுப்பது குழந்தைக்கு நல்லது அல்ல.		
15.	வலிப்பின்போது குழந்தையின் பற்களுக்கு இடையில் கரண்டி பயன்படுத்தப்படுகிறது.		
16.	என் குழந்தைக்கு தினமும் தேநீர் மற்றும் காபி கொடுக்கின்றேன்.		
17.	என் குழந்தை மறந்த விஷயங்களை அறிவிக்கப்படுதல்		
18.	என் குழந்தையின் உடல் நிலையை பற்றி பள்ளி ஆசிரியரிடம் எடுத்துரைக்கவேண்டும்.		
19.	என் குழந்தையின் தினமும் செயல்பாடுகளில் கூடுதல் மேற்பார்வை வேண்டும்		
20.	நீண்ட நேர பயணத்தின்போது குழந்தையின் மருந்துகளை உடன் எடுத்து செல்ல வேண்டும்.		

கருவி - ஆ

விடைகள்

வரிசை எண்.	விடைகள்
1.	அ
2.	ஆ
3.	ஆ
4.	ஆ
5.	ஈ
6.	ஈ
7.	ஆ
8.	ஈ
9.	அ
10.	ஆ
11.	ஈ
12.	ஆ
13.	ஈ
14.	ஆ
15.	ஈ
16.	அ
17.	இ
18.	ஆ
19.	ஆ
20.	ஆ
21.	ஆ
22.	ஈ
23.	இ
24.	ஆ
25.	ஈ

கருவி - இ

பதில்கள்

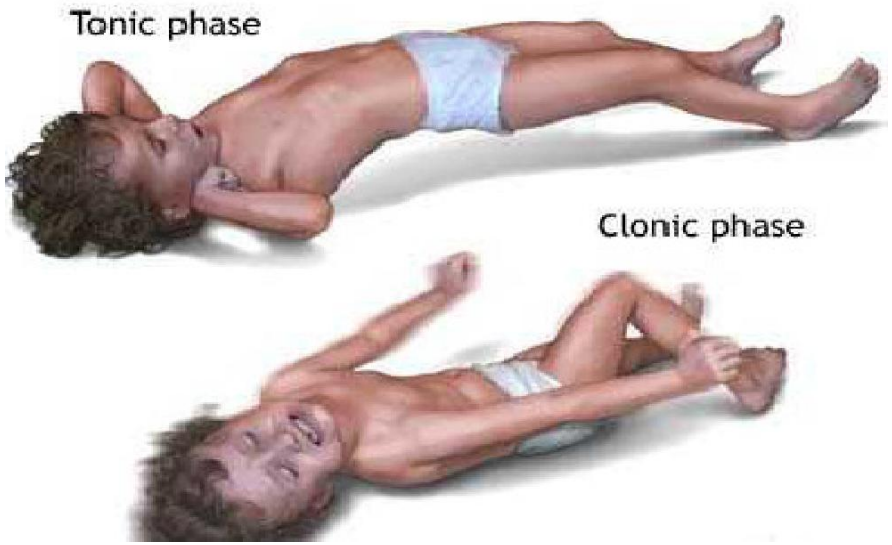
கேள்வி என்	பதில்	மதிப்பெண்
1.	ஆம்	1
2.	இல்லை	1
3.	இல்லை	1
4.	இல்லை	1
5.	ஆம்	1
6.	ஆம்	1
7.	ஆம்	1
8.	ஆம்	1
9.	இல்லை	1
10.	இல்லை	1
11.	இல்லை	1
12.	ஆம்	1
13.	ஆம்	1
14.	ஆம்	1
15.	ஆம்	1
16.	இல்லை	1
17.	ஆம்	1
18.	ஆம்	1
19.	ஆம்	1
20.	ஆம்	1

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE OF MOTHERS REGARDING CARE OF CHILDREN WITH SEIZURE DISORDER IN VILANKURICHI, COIMBATORE

EDUCATION SESSION

ON

SEIZURE DISORDER



INSTRUCTIONAL TEACHING PROGRAMME

ON

SEIZURE DISORDER

Topic	: Management of Seizure Disorder
Group	: Mothers of Children with Seizure Disorder
Venue	: PHC Vilankuruchi, Coimbatore.
Duration	: 45 min
Method of Teaching	: Lecture cum Discussion
AV Aids	: PowerPoint.

General Objective

On completion of teaching session mothers of children with seizure disorder acquire knowledge regarding various aspects of seizure disorder, appreciate the importance of care and applies this knowledge while caring their children

Specific Objectives

At the end of the teaching session the mothers of children with seizure disorder,

- define seizure disorder
- enlist causes of seizure disorder.
- explain clinical manifestations of seizure disorder
- list diagnostic measures of seizure disorder
- explain management of seizure disorder
- describe the factors that trigger seizure disorder

Time	Specific Objectives	Content	Teaching Activity and AV aids	Learning Activity
1 min	Introduce topic	**Introduction** Seizure is a common neurological disorder in Children Ancient people believed that Seizure disorder is an extraordinary phenomenon, in which God, Demons or evil spirit knocked down somebody and jerks their body uncontrollably and brought back without apparent ill effect. Seizures occur due to disturbances of the brain functions resulting from abnormal excessive electric discharge from the brain. It may be associated with alteration of level of consciousness. Seizure disorders are more commonly found in infants and children below 10 years. It is a symptom found in various diseases. The overall incidence in childhood is 8 %.	Investigator introduces the topic	Learners listen to it
1 min	Define seizure	**Definition** Seizure is defined as the disturbances of the brain functions resulting from	Investigator seizure	Learners listen to it

3 min	Enlist causes of Seizure disorder	abnormal excessive electric discharge from the brain **Causes** ➢ Positive family history ➢ Birth injury or trauma ➢ Fever ➢ CNS infections ➢ Dehydration, ➢ Decreased blood glucose level ➢ Decreased blood calcium level, ➢ Decreased blood sodium level. ➢ Injury to the brain. ➢ Brain tumors, bleeding inside the brain ➢ Poisoning, allergy, heat stroke, breath holding spells	Investigator enlists the causes of seizure disorder with the help of power point.	Learners listen to it.

15 min	Explain clinical manifestation of seizure disorder	**Types of Seizures** ➢ Generalized seizures ➢ Absence seizures ➢ Partial seizures **Clinical Manifestations** **Generalized Tonic Clonic Seizures** It is the most common form of childhood seizure disorder. It has 4 phases. ➢ **An aura:** a peculiar sensation with dizziness occur before the contractions of the body ➢ **Tonic phase:** child's entire body becomes stiff, Face become pale, Eyes fixed in one position, arched back, head turned to backward or in one side, arms are usually flexed and hands are clenched. The child usually falls on the ground from standing or sitting position and may having a piercing cry. The child loses consciousness and having frothy discharge from mouth due	Investigator explains the clinical manifestations of seizure disorder with the help of video.	Learners listen to it.

		to inability to swallow the saliva. Duration of the stage may be about 30 seconds. ➢ **Clonic Phase :** This phase is manifested with rhythmic jerky movements which start from one part and spread to all over the body. Child may pass stool and urine involuntarily and may have tongue or cheek bite. Duration of this stage may be few minutes to even a few hours. ➢ **Postictal or post convulsive state:** The child is usually become sleepy, confused or exhausted or performs activities, may complain head ache. The child may not be recalling the episode. **Absence seizures** It is manifested by ➢ The child may loss contact with the environment for a few seconds. ➢ The child may appear as staring or day dreaming. ➢ The child may discontinue the activity suddenly.(reading, writing) and may		

		resume the same activity when the seizure is over. ➢ Rolling of the eyes, nodding of the head, slight hand movements and smacking of lips. Duration is 5-10 seconds.		
1 min	List diagnostic measures of seizure disorder	**Diagnosis of Seizure Disorders** ➢ History with description of the convulsive episodes. ➢ Blood urine and CSF examination ➢ EEG ➢ X-ray of head, CT scan, MRI scans of head.	Investigator lists the diagnostic measures using power point.	Learners listen to it.
10 min	Explain the management of seizure disorder	**Management of Seizure Disorder** Management of seizure disorder depends upon the identified cause. Management mainly done with drug therapy, diet therapy, and surgery if indicated.	Investigator explains the management of seizure disorder with	Learners listen to it.

		Care of Children During Seizure Attacks During the seizures ➢ Remain calm ➢ During seizures do not move the child unless they are in a dangerous place. E.g.: in the road, by a fire, or the top of stairs. ➢ If the child is standing or sitting help him to lie on the ground if possible. ➢ Place pillow or folded blanket under child's head. ➢ Tight clothing and jewellery around the neck loosened if possible ➢ Remove eyeglasses if any ➢ Do not restrain the child. If try to stop seizure it cause injury. ➢ Place the child on one side. There is no possibility of swallowing tongue during attacks but it may block the airway. Side lying position will help to prevent blockage of airway by tongue. ➢ Remove the hazardous object from the area.	the help of power point and video.	

		➢ Do not forcibly open the jaw with fingers or spoon. ➢ Allow seizure to end without interferences. ➢ Remain with child until fully conscious. ➢ Send the child immediately to hospital if • The child stop breathing • Any injury has occurred • Seizures lasts for more than 5 minutes • Child is unresponsive to painful stimuli after seizure. **After the Seizure Attack** ➢ Check for breathing and check the position of head and tongue. ➢ Keep child on side ➢ Remain with the child ➢ Do not give food or liquids until fully alert and swallowing reflux has returned.		

		➢ Check the head and body for any injuries ➢ Check inside the mouth to see tongue or lips have been bitten. **Drug Therapy** Antiepileptic drug is not curative. It suppresses episodes of seizures. Duration of the treatment is usually 2-4 years. Failure of the first antiepileptic drug to stop the seizures needs dose adjustments or change of antiepileptic drug. Side effect of the drugs should be observed. Success of treatment depends on regularity in taking drugs. Always consult the treating doctor for changing the brand or drug interaction or side effects. Abrupt withdrawal of antiepileptic drug can cause severe seizures. Other medications must be given after consultation. Medications for seizures can interact with many other medications, and result in side effects. Repeated EEG is are essential for every 6 months to 2 years after starting drug therapy. Once the seizures are controlled the drugs are continued for prolonged		

		time. Withdrawal of antiepileptic drugs starts when the child is seizure for at least 2 years with a normal EEG.		
3 min	Describe the factors that trigger seizure	**Factors that Trigger Seizures in Children** ➢ Flickering lights, camera flash, headlights of vehicles, reflections of lights and rotating lights of fan. ➢ Sudden loud noise, specific voices, songs or nursery rhymes. ➢ Startling or sudden movements ➢ Extreme or drastic change in temperature. ➢ Fatigue and decreased water content of the body. ➢ Excessive ingestion of coffee or tea. ➢ Decreased blood glucose level ➢ Sleep disturbances. ➢ Increased length of play time.	Investigator describes the factors triggering seizure disorder with the help of power point	Learners listen to it.

2 min	Mention seizure precautions	**Seizure Precautions** ➢ Care should be taken to avoid falls while the child is sleeping ➢ Reduce the length of play time ➢ Provide supervision while swimming and handling with hazardous objects ➢ Identify and avoid triggering factors whenever possible. ➢ Administer medication as per Doctors order. Do not skip a single dose of medication. ➢ Do not stop medication if any side effects seen without informing consultant **Regarding Videogames** ➢ Players should not play if they are tirede specially if they are sleep deprived. ➢ Take frequent breaks from the game and look away from the screen every once in a while.	Investigator mentions seizure precautions.	Learners listen to it.

		➢ If strange or unusual feelings develop, turn the game off. ➢ If players start feeling their bodies jerking, cover one eye with one hand and immediately look away or turn the game off. **General Recommendations for Television** **Viewing** ➢ Watch television in a well-lit room to reduce the contrast between the screen light and background light. ➢ Reduce the brightness of the screen. ➢ Keep as far back from the screen as possible (minimum five feet). ➢ Use remote controls to ensure proper distance from the television is maintained. ➢ Use small screens. When watching large screens, increase the distance from the screen.		

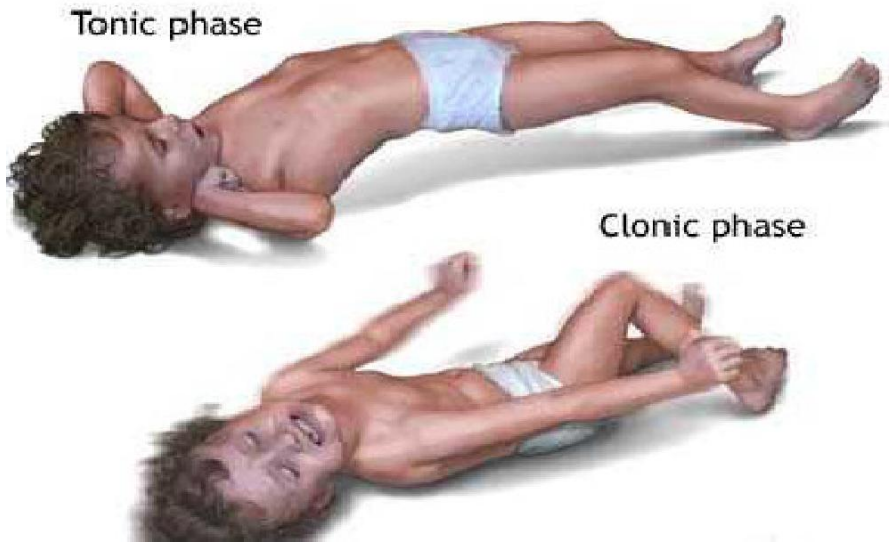
		Diet Therapy ➢ Balanced diet should be given at frequent intervals. **Promoting Socialization** ➢ Allow the child to perform normal life as possible. ➢ Restrict some activities like not to climb high places, to avoid swimming and exertion activities **Strengthening Self Esteem** Explanation, reassurance, encourages discussing about feeling, promoting independence in self care. ➢ Support the child and provide rewards and punishments no different from those of other children ➢ Explain the child about nature of his illness, importance of taking		

		medication regularly. ➢ Note for any behavioral problems in children who are taking antiepileptic drug .e.g. short attention span, easy distractibility and restlessness. ➢ Planning activities with children that they can engage. Encourage normal healthy activities of the children. ➢ Overprotection must be avoided if possible in dealing with the school age child who has seizure. **Conclusion** Seizure disorders are type of neurological disorders found in childhood. It is a condition characterized by recurring seizures. It is not a curse or punishment for bad behaviors. By the use of antiepileptic drug and avoiding triggering factors we can reduce the recurrence of seizure disorder.		

கல்வி அமர்வு

மீது

திடீர் நோய் பிடிப்பு



வலிப்பு நோய் பற்றிய கல்வி அமர்வு வலிப்புத்தாக்க சீர்குலைவை வழிகாட்டும் போதனா நிகழ்ச்சித்திட்டம்

தலைப்பு	:	திடீர் நோய் பிடிப்பு (வலிப்பு நோய்) மேலாண்மை
குழு	:	வலிப்பு நோய் உள்ள குழந்தையின் அம்மாக்களுக்கு
இடம்	:	ஆரம்ப சுகாதார நிலையம், விளாங்குறிச்சி, கோயம்புத்தூர்
கால வரையறை நீடிக்கும் காலம்	:	40 நிமிடம்
பாடத்திட்ட முறைகள்	:	விரிவுரை விவாதம்
கருவிகள்	:	ஆற்றல் நுட்பம்

பொது நோக்கம்

திடீர் நோய் பிடிப்பு பற்றிய பல்வேறு அம்சங்கள் தொடர்பாக குழந்தைகள் கற்பித்தல் அமர்வு, தாயின் மீது பாதுகாப்பு முக்கியத்துவத்தை பாராட்டவார்கள். குழந்தையின் வலிப்பு நோயின் போது தாயின் பாதுகாப்பிற்கு இது பொருந்தும்

முக்கிய நோக்கம் :

இப்பாடப் பகுதியின் நோக்கம் குழந்தைக்கான வலிப்பு நோய் பற்றியது.

- திடீர் நோய் பிடிப்பு வரையறை
- திடீர் நோய் பிடிப்பு காரணங்கள்
- திடீர் நோய் பிடிப்பு அறிகுறிகள்
- திடீர் நோய் பிடிப்பு கண்டறியும் முறைகள்
- திடீர் நோய் பிடிப்பு மேலாண்மை
- திடீர் நோய் பிடிப்பு காரணிகளுக்கான தூண்டுதல்கள்

நேரம்	முக்கிய நோக்கம்	பொருடளக்கம்	பாடத்திட்ட முறைகள் மற்றும் கருவிகள்	கற்கல் செயல்பாடு
1 நிமிடம்	தலைப்பு அறிமுகப்படுத்துதல்	**முன்னுரை** குழந்தைகளுக்கு வலிப்பு என்பது பொதுவான நரம்பியல் கோளாறு பிரச்சனை. பண்டைய கால மக்களால் நம்பப்படுகிறது. அந்த திடீர் நோய் பிடிப்பு கோளாறு ஒரு அசாதாரண நிகழ்வு. எந்த கடவுள் பேய்கள் அல்லது தீய ஆவிகள் இவற்றின் மூலம் யாரோ அதிர்வை ஏற்படுத்துவதை போல் இருக்கும். உடல்கட்டுப்பாடின்றி மீண்டும் வெளிப்படையான தவறான விளைவு - மூளையில் அசாதாரணமான மிதமிஞ்சிய மின் கசிவு வெறிப்படுதல். அது இருக்கும் போது உணர்வில் நிலை மாறுபடும். திடீர் நோய் பிடிப்பு அதிக அளவு பத்து வயதிற்கு குறைவான குழந்தைகள் மற்றும் சிறுவர்கள் கண்டறியப்பட்டது. இந்த ஒட்டுமொத்த நிகழ்வு குழந்தை பருவத்திலிருந்து இருக்கிறது.	தலைப்பு அறிமுகப்படுத்தல் மற்றும் கவனித்தல்	கற்பித்தல் மற்றும் கவனித்தல்
1 நிமிடம்	வரையறை	**வரையறை** திடீர் நோய் பிடிப்பு என்பது மூளையின் செயல்பாடுகளில் அசாதாரண	திடீர் நோய் பிடிப்பு வரையறை	கற்பித்தல் மற்றும்

		மற்றும் அதிக படியான மின்கசிவு வெளியேறுதல்		கவனித்தல்
3 நிமிடம்	திடீர் நோய் பிடிப்பு காரணங்கள்	**காரணங்கள்** ➢ குடும்ப வரலாறு ➢ பிறந்த காயமம் அல்லது அதிர்ச்சி ➢ காய்ச்சல் ➢ நரம்பு மண்டல தொற்று ➢ நீர்ப்போக்கு ➢ இரத்தத்தில் குளுக்கோஸ் அளவ குறைந்து விடுவது ➢ இரத்தத்தில் கால்சியம் அளவு குறைந்துவிடுவது ➢ இரத்தத்தில் சோடியம் அளவ குறைந்துவிடுவது ➢ மூளையில் காயம் ➢ மூளையில் கட்டி மற்றும் உட்பகுதியில் இரத்தம் கசிவு ➢ நச்சு, வெப்ப பக்கவாதம், மூச்சு மயக்கங்கள் இருக்கும்	வலிப்பு நோய்க்கான காரணங்கள் கற்பித்தல் மற்றும் திறன் செயல்பாடு	கற்பித்தல் மற்றும் கவனித்தல்

15 நிமிடம்	திடீர் நோய் பிடிப்பு அறிகுறிகள்	**திடீர் நோய் பிடிப்பு வகைகள்** ➢ பொதுவாக வலிப்பு ➢ இல்லாத வலிப்பு **அறிகுறிகள்** **பொதுவான டானிக், குறுகிய தசை வலிப்பு.** நான்கு வகைகளாக இருக்கும், குழந்தைக்கு திடீர் நோய் பிடிப்பு ➢ **ஒரு ஒளி;** **ஒரு வித்தியாசமான உணர்வு உடன் தலைச்சுற்று ஏற்படும்** ➢ **டானிக் கட்ட நிலை** குழந்தை உடல் கடினமாக இருக்கும் முகம், வெளிர்ந்து கண் நிலையாக ஒரே இடத்தை நோக்கியும், முதுகு வளைந்தும், தலை அழுஜக நின்ற நிலையில் அல்லது உட்கார்ந்திருக்கும் போது சுயநினைவை இழக்கும் நிலை. உமிழ்நீர் வெளியேற்றம் - வாயின் மூலம், இந்த நிலை தொடர்ந்து 30 நிமிடங்கள் இருக்கும்.	திடீர் நோய் பிடிப்பு அறிகுறிகள் மற்றும் வீடியோ மூலமாக	கற்பித்தல் மற்றும் கவனித்தல்

		➢ **குறுகிய காலத்தசை கட்ட நிலை** திடீரென வெட்டி இழுத்தல் நிலையை கொண்டது. இது உருவாகும் போது ஒருபக்கம் மற்றும் முழு உடல் பாதிக்கிறது. இதன் மூலம் குழந்தைக்கு, நாக்கை பற்களால் இறுகி கட்டிக் கொள்ளுதல், சிறுநீர் மற்றும் மலம் வெளியேறுதல் இந்த நிலை சில நிமிடங்கள் மற்றும் சில நேரங்கள் இருக்கும். ➢ **அதிர வைக்கும் நிலை** இந்த நிலை இரவு தூக்கும் நேரத்தில் நிகழும். இதன் செயல்பாடுகள் தலைவலி மற்றும் நினைவாற்றல் குறைந்திருக்கும். ➢ **இல்லாத வலிப்பு** இல்லாத திடீர் நோய்பிடிப்பு வெளிப்படுத்தப்பட்டுள்ளது. குழந்தை சில வினாடிகள் சுற்றுசூழல் தொடர்புகளை இழந்து விடுகிறது. குழந்தைக்கு தோன்றும் அந்த நாள் கனவு, குழந்தையின் செயல்பாடுகள் திடீரென்று நின்றுவிடுதல் (படித்தல், எழுதுதல்) மற்றும் சில செயல்பாடுகள் இருக்கும். கண் சுழற்றல், தலை நடுக்கம், கை, கால், இழுத்தல், உதட்டை சப்புதல், 5-10		

		வினாடிகள் இருக்கும்		
1 நிமிடம்	வரிசை படுத்தவும் கண்டறியவும்	**திடீர் நோய் பிடிப்பு நோயை கண்டறிதல்.** ➢ குடும்ப வரலாறு ➢ இரத்த பரிசோதனை, மூளை தண்டுவடத்திரவம் பரிசோதனை ➢ ஈ.ஈ.ஜி. ➢ நுண் கதிர்வு ஆய்வு (தலை) ➢ ஸ்கேன் (தலை)	கண்டறியும் நிலையை திறன் ஆற்றல் மூலம் அறியலாம்.	கற்பித்தல் மற்றும் கவனித்தல்
10 நிமிடம்	மேலாண் நிலையை திடீர் நோய் பிடிப்பு விளக்கம்	**திடீர் நோய் பிடிப்பு மேலாண்மை** திடீர் நோய் பிடிப்பு மேலாண்மை என்பதற்கு காரணங்கள் முக்கியமான மேலாண்மை, மருத்துவ சிகிச்சை, உணவு சிகிச்சை, அறுவை சிகிச்சை முறைகள் விளக்கதன்மை.	விளக்கத் தன்மையை தெரிவித்தல் திடீர் நோய் படிப்பு பற்றி திறன் ஆற்றல்	கற்பித்தல் மற்றும் கவனித்தல்

		திடீர் நோயின் போது குழந்தையின் பாதுகாப்பு **வலிப்பின் போது** **அமைதியாக இருக்கவும்** ➢ வனப்பின்போது, குழந்தையை தொந்தரவு செய்ய கூடாது, ஆபத்தான இடத்திற்கு அழைத்து செல்ல கூடாது (எ.கா) ரோடு, நெருப்பு, மாடிப்படி. ➢ வலிப்பின் போது குழந்தை தரையில் இருப்பது சாத்தியம். உட்கார்ந்திருத்தல் மற்றும் நின்று கொண்டிருக்க வேண்டும். ➢ தலையணை கொடுத்து தலைக்கு அடியில் வைக்க வேண்டும். ➢ நகைகள் மற்றும் இறுக்கமான துணியை தவிர்க்கப்பட வேண்டும். ➢ கண் கண்ணாடியை கழற்ற வேண்டும். ➢ குழந்தையை நிதானப்படுத்தக் கூடாது. அப்போது காயம் ஏற்படும். ➢ குழந்தையை ஒரு பக்கமாக படுக்க வைக்க வேண்டும். உமிழ்நீர் வெளியேறும் நாக்கை கடித்தல், மூச்சு திணறல் பிரச்சனை ஏற்படும். ஒரு பக்கமாக படுக்க வைப்பதால் காற்று உட்இழுக்கப்படும். ➢ ஆபத்தான பொருள்களை அகற்றவும்	மற்றும் வீடியோ மூலமாக	

		➢ வலிப்பின் போது தாடையை, விரல்கள் மூலம் திறக்கவும், கரண்டி பயன்படுத்தக் கூடாது. ➢ குழந்தை முழுமையாக நினைவற்றலாக இருக்கும் ➢ உடனடியாக மருத்துவமனை செல்லவும் ➢ மூச்சு நின்றுவிடுதல் ➢ ஏதாவது காயம் ஏற்படுதல் ➢ வலிப்பு 5 நிமிடம் இருப்பின் ➢ வலிப்பு முடிந்த பிறகும் வலிப்பின் தாக்கம் இருக்கும் **திடீர் நோய் பிடிப்பு முடிந்ததும்** ➢ சுவாசிக்கும் தன்மை மற்றும் நாக்கின் நிலையும் தலையின் நிலையும் கவனிக்க வேண்டும். ➢ குழந்தையை கவனிக்க வேண்டும் ➢ உணவு மற்றும் நீர் பொருள்கள் கொடுத்து விழுங்குவதை கவனிக்கவும் ➢ குழந்தையை உடல் மற்றும் தலையில் காயம் இருப்பதை கவனிக்கவும்		

5 நிமிடம்	மருந்து சிகிச்சை	➢ உதடுகள் மற்றும் நாக்கு கடித்திருப்பதை கவனிக்கவும் **மருந்து சிகிச்சை** வலிப்பு நோய்க்கான நோய் எதிர்ப்பு மருந்து நோய் நீக்கும் சிக்சை 2-4 வயதுக்கு உட்பட்டது. முதலில் வலிப்பு நோய் நீக்கும் மருந்து நிறத்தினால் அதனை மாறுதலுக்கு உட்பட வலிப்பு மருந்திற்கு கேற்ப எடுத்து கொள்ளவும். வலிப்பு மருந்து பகக் விளைவுகளை, கவனிக்கவும், இந்த மருந்தை முறைப்படுத்தி எடுத்துக் கொள்ளவும், எப்போதும் மருந்துவரின் ஆலோசனைப்படி மருந்து எடுத்துக்கொள்ளவும், பின் அதன் பக்கவிளைவுகளை கண்டறியவும், திடீரென திரும்ப பெறப்படும் வலிப்பு எதிர்ப்பு மருந்து காரணங்கள் கடுமையான வலிப்பாக இருக்கம். வேறு மருந்து கொடுக்கும் போது மருத்துவ ஆலோசனை வேண்டும், வலிப்பு மருந்து எடுப்பதன் மூலம் பகக் விளைவு அதிகமாக இருக்கும். இதனால் ஈ.சி.ஜி அத்தியாவசியம் 6 மாதம் மற்றும் 2 வருடங்கள் எடுக்கவும், ஒரு தடைவ நின்றுவிட்டால் மருந்தை தொடர்ந்து எடுக்க வேண்டும். வலிப்பு நோய் எதிர்ப்பு மருந்து விட்டுவிட்டால் குழந்தையின் வலிப்பு சாதாரணமாக குறைந்து 2		கற்பித்தல் மற்றும் கவனித்தல்

3 நிமிடம்	திடீர் நோய் பிடிப்பை தூண்டும் காரணிகள் விளக்கம்.	வருடங்கள் வரை இருக்கும் **குழந்தையின் திடீர் நோய் பிடிப்பை தூண்டும் காரணிகள் :** ➢ ஒளிகின்ற ஒளி, கேமிரா ஒளி, வாகன முகப்பு ஒளி, எதிரொளிகள் வெளிச்சம், சூழலும் ஒளிக்காற்றாலை. ➢ திடீரென ஏற்படும் ஒலி குறிப்பிட்ட சத்தம், மற்றும் பாடல்கள் ➢ திடுக்கிடும் அசைவு ➢ அதிக அளவில் உயரும் உடல் வெப்ப நிலை ➢ சோர்வு மற்றும் உடலில் தண்ணீர் அளவு குறைதல் ➢ காபி, டீ அதிகப்படியாக சேர்ப்பதால் செரிமானக் கோளாறு ➢ உடலில் இரத்தத்தின் குளுக்கோஸ்அளவு குறைந்துவிட்டது. ➢ தூக்கமின்மை ➢ நீண்ட நேர விளையாட்டு		கற்பித்தல் மற்றும் கவனித்தல்

	அறிமுகப்படுத்தும் முன்னெச்சரிக்கை	**வலிப்பு நோய்க்கான முன்னெச்சரிக்கை** ➢ குழந்தை தூங்கும்போது கீழே விழாமல்இருக்க பாதுகாப்பு அவசியம் ➢ குழந்தை நீண்ட நேரம் விளையாடும் நேத்தைக் குறைக்கவும் ➢ ஆபத்தான பொருளை கையாளும் போது கவனம் வேண்டும். ➢ அடையாளம் காணும் தூண்டும் காரணங்கிகளை எப்போதும் தடுக்கவும் ➢ மருந்தை தவறாமல் எடுக்கவும் ➢ மருந்தை நிறுத்திவிட்டால் வரும் பக்கவிளைவை மருத்துவரிடம் பரிந்துரைக்க வேண்டும். ➢ கானொளி பற்றிய விளையாட்டு ➢ குழந்தை விளையாடவில்லை. சோர்பாக உள்ளது மற்றும் தூக்கமின்மை ➢ அதிக நேரம் திரையை பார்க்கக் கூடாது இடைவெளிக்கு பார்க்க வேண்டும். ➢ ஏதேனும் அசாதாரண உணர்வு ஏற்பட்டால் விளையாட்டை திருத்தி விடவேண்டும். ➢ விளையாட்டின்போது ஏதேனும் உணர்வு உடலில் தென்பட்டால் கை கால் இழுத்தும் கண் ஒரு பக்கமாக மூடுதல், இவை தென்பட்டால் உடனடியாக	ஆராயப்படுகிறது	

		விளையாட்டை திருத்த வேண்டும் **தொலைக்காட்சியின் பொதுவான பரிந்துரை** **பார்க்கும்** ➢ தொலைக்காட்சி பார்க்கும் போது நன்கு அமைந்த அறையில் வெளிச்சம் உள்ளபடி இருக்கும். ➢ அதிக அளவு வெளிச்சம் உள்ள திரையை குறைக்கும் ➢ திரையை விட்டு 5 அடி தொலைவில் விலகி இருக்க வேண்டும். ➢ தொலைக்காட்சியை, தொலைக்காட்சியின் சரியான தொலைவில் இயக்க வேண்டும். ➢ சிறிய திரை, பெரிய திரை, இவற்றை சரியான தொலைவில் பொருத்த வேண்டும்.		கற்பித்தல் மற்றும் கவனித்தல்

2 நிமிடம்		**உணவு சிகிச்சை** ➢ சரியான நேரத்தில் உணவை சமநிலையில் எடுக்க வேண்டும். **சமூக மயமாக்குதல் ஊக்குவித்தல்** ➢ குழந்தையை அனுமதிக்க வேண்டும். சாதாரண வாழ்க்கையில் ➢ கட்டுப்படுத்த வேண்டும் சில செயல்பாடுகளில் உயர்ந்த இடங்கள் மற்றும் நீச்சல் உழைப்பு போன்ற செயல்பாடுகள் **சுய மரியாதையை வலுப்படுத்துதல் :** ➢ விளக்கம் போக்குவதாக ஊக்குவிக்கும் முடிவுகள் மற்றும் உணர்வுகள், பதவி உயர்வு, சுதந்திரம் உள்ள பாதுகாப்பு. ➢ குழந்தைக்கு ஆதரவு கொடுக்க வேண்டும். அவர்களை கண்டிக்க கூடாது, மற்ற குழந்தைபோல் ➢ குழந்தையை நோய் இல்லாத இயக்கை நிலையை உணர்த்த வேண்டும்.		கற்பித்தல் மற்றும் கவனித்தல்

		முக்கியம் தொடர்ந்து மருந்து எடுக்க வேண்டும். ➢ குழந்தையின் பழக்க வழக்கங்களின் ஏதேனும் மாற்றம் இருப்பின் அவை வலிப்பு நோய் எதிர்ப்பு மருந்தின் மூலம் தான் இருக்கும் (எ.கா) குறுகிய கால நிலை மற்றும் அமைதியன்மை ➢ திட்டமிட்ட வாழ்க்கையின் செயல்பாடுகள் குழந்தைக்கு தேவையில்லை, மாறாக குழந்தையை சாதாரண ஆரோக்கியமான நடவடிக்கை மேற்கொள்ள வேண்டும் ➢ பள்ளி வயது குழந்தையை கையாளுவதில் சாத்தியம் தவிர்க்கப்பட வேண்டும்		
	தலைப்பு முடிவுரை	**முடிவுரை** வலிப்பு நோய் என்பது நரம்பு மண்டலப் பாதிப்பு குழந்தை பருவத்தில் வலிப்பு நிலை ஆகிய இந்த பாதுகாப்பு என்பது சாபம் இல்லை . வலிப்பு நோய் எதிர்ப்பு மருந்து பயன்படுத்துவதன் மூலம் தூண்டும் காரணிகள் குறைக்க முடிவும . மறு நிகழ்வு என்ற திடீர் நோய் பிடிப்பு.	முடிவுரை ஆராயப்படுகிறது	